

**REPORT OF THE MEDICAL OFFICER OF
HEALTH FOR THE YEAR 1964.**

*Presented to the States on 14th September, 1965, by
Deputy K. A. Baal of St. Helier, Vice-President of
the Public Health Committee.*



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STATES OF JERSEY.

14th September, 1965.

THE VICE-PRESIDENT OF THE PUBLIC HEALTH COMMITTEE presented to the Assembly the Report of the Medical Officer of Health for the year ended 31st December, 1964.

THE STATES ordered that the said Report be printed and that copies thereof be distributed to the Members of the Assembly.

A. D. LE BROcq,
Greffier of the States.

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<i>Social Welfare Officer</i>	Mrs. M. Gray.
<i>Crematorium Superintendent</i>	T. C. Hamon.
<i>*Radiographer M.M.R.</i>	Mrs. L. Dupré.

*Part-time only.

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REPORT.

To THE PRESIDENT AND MEMBERS OF THE
PUBLIC HEALTH COMMITTEE.

It is my pleasure to present to you the report on the health and sanitary circumstances of the Island of Jersey for the year 1964.

The general health of the community remained good throughout the year with no epidemics or unexpected increases in the incidence of any diseases.

There are some matters of interest to which I would like to draw your attention.

BIRTHS.

Out of the 1,235 births in 1964, 1,200 (97%) took place either in the Maternity Hospital (94%), or in nursing homes (3%). I am sure that it is in the best interests of both mother and child that births take place in institutions which are equipped and prepared to deal with any unexpected emergency which might arise during childbirth.

The 1964 birth rate was 19.9 per 1,000 estimated population, which is .9 less than it was in 1963.

ILLEGITIMATE BIRTHS.

Illegitimate births again showed a marked increase over previous years. They amount to 9.4% of all births. The rate is now double what it was 5 years ago. I do not think that this can be interpreted as an indication of what is happening amongst the resident community of Jersey, but rather it is a picture of the general increase in illegitimacy seen throughout the United Kingdom. The large increase in our numbers of illegitimate births is, I think, an indication of the popularity of holiday resorts with unmarried mothers, who hope that it might be easier to lose their identity in such places. This theory is supported by figures similar to those of Jersey which are reported from the seaside resorts of the south coast of England.

DEATHS.

For years we have been hampered in our efforts to produce true mortality figures for the Island by the fact that the present form of death certification does not show the permanent address of the deceased; hence deaths of visitors and holidaymakers were included in our Jersey figures. Conversely, we have no means of finding out the numbers of Jersey people who die when away from the Island—either as patients in mainland hospitals or when on holidays. Thanks to the co-operation of the État Civil Committee, it has now been possible to introduce and try out a simple form which accompanies the death certificate and which will enable us to distinguish residents from visitors. For information about Jersey residents who die when away from the Island we still have to rely on newspaper reports and the excellent co-operation we receive from the general practitioners of the Island.

LETHAL DISEASES.

Coronary thrombosis again proved to be the most lethal disease for middle aged males. Half the men who died from coronary thrombosis were below retirement age. Of all men who died between the ages of 45 and 65, half (1 in every 2) were victims of either coronary thrombosis or cancer of the lung. Heavy cigarette smoking is a contributory factor in both these diseases.

Cancer of the lung reached its highest ever total with 40 deaths (32 male and 8 female). This disease now accounts for 40% of all male deaths from cancer.

Deaths from cancer of the breast were five times more common (20 against 4) than from cancer of the cervix.

TYPHOID FEVER.

1964 was the year of the Aberdeen typhoid outbreak. In the early days of that epidemic—before the source was established and the extent of the infection was known—the hoteliers of Jersey were advised to postpone bookings from Aberdeen. If this was not possible they were asked to inform this office of any of their guests who came from Aberdeen. Response to this advice was excellent and we were able to keep all Aberdonians under surveillance throughout their stay in Jersey. No case of typhoid developed among the visitors.

When it became certain that a 6 lb. tin of corned beef of a certain brand was the source of the Aberdeen epidemic an examination of all such tins was made in Jersey. 4,533 tins were examined, but not one bearing the incriminatory brand number was found.

Later in the year a Jersey resident, who had recently returned from a long holiday in Spain, was found to be suffering from typhoid fever. The source of the infection was obviously Spain and no preventive measures were called for in Jersey. The patient, after a protracted illness, made a complete recovery.

It is by no means uncommon for people returning from holidays in Spain, North Africa or the Canary Islands, to suffer from typhoid or para typhoid fevers. It emphasises the fact that persons who intend to holiday in these or similar countries would be very well advised to get themselves immunised against these diseases before they go.

TUBERCULOSIS.

In May, Professor Frederick Heaf, emeritus professor of tuberculosis at the Welsh National School of Medicine, spent a few days in Jersey looking at our tuberculosis problems and our control measures against this disease. He was impressed with the considerable progress which had been made since his last visit to the Island ten years previously. He confirmed our opinion that we still have a dangerous pool of infection present in the community, especially in the 40-year old and over age groups, and that much still remains to be done before eradication of the disease can be considered to be in sight. Most of the recommendations made by Professor Heaf have already been implemented.

23 indigenous cases of pulmonary tuberculosis were found in 1964—a small increase over our 1963 figures, but rather a setback to our hopes of a progressive decline in the number of cases.

61% of the new cases found during the year had tubercle bacilli in their sputum and they thus constituted a danger to the community before they were discovered. The percentage of new cases with positive sputa has been increasing since 1961 and it means that cases are not being diagnosed as early as in previous years. This may be because many of the patients who suffer from tuberculosis are more hesitant in seeking the advice of their doctor than they used to be.

LEAD IN PLASTIC TOYS.

Following a few cases of lead poisoning in children in England it was discovered that some of the plastic toys imported from Hong Kong contained a high level of lead. It was thought that children who sucked or chewed such toys might be in danger of lead poisoning. The Home Office endorsed a standard of 250 parts of lead per million and advised importers not to import plastic toys which contained a concentration higher than this.

Investigation of this problem in Jersey showed that some of the toys contained the enormous amount of 4,800 parts of lead per million i.e. 20 times the safety level laid down by the Home Office.

Excellent co-operation by the toy retailers of the Island led to a quick withdrawal from sale of the potentially dangerous brands of toy. No case of lead poisoning was found in Jersey.

FOOD HYGIENE.

We were again fortunate to get through a heavy holiday season without an outbreak of food poisoning or other enteric diseases. Only two cases of food poisoning were reported during the year and the infecting organism in neither case was identified.

The number of Sanitary Inspectors is grossly inadequate to allow for the close supervision of all the catering premises of the Island. One large outbreak of food poisoning, or any other serious intestinal disease, might well be disastrous to Jersey and although we cannot guarantee that we would be able, at all times, and in all circumstances, to forestall such an event, we should do all in our power by maintaining an adequate supervisory service to reduce the chance to acceptable limits.

I am pleased to report that permission has been granted to recruit an extra Sanitary Inspector in 1965.

During the year new legislation, which will enable the Public Health Committee to set standards of food hygiene in all food shops and catering premises, was completed and now awaits presentation to the States.

HOUSING.

Behind the staid and solid facade of some of the old properties which line the main streets of St. Helier, lie pockets of grossly sub-standard hovels. The same can be seen in the country where some of the cottages, those more often than not offered to farm workers, are hardly fit for animals let alone human beings.

But we may take heart in the knowledge that these problems of bad housing are being tackled with energy and imagination by the Committees concerned. In 1964 the schemes planned in previous years began to show results and the following large re-housing schemes were either completed or well under way to completion :—

COMPLETED :

Green Street — 119 flats
Irish Yard — 19 flats
The major part of Elysée — 185 dwellings

BEING BUILT :

Quennevais — 287 dwellings
Clos des Sables — 48 dwellings
Westmount — 55 dwellings

This, I think, is a remarkable achievement for so small an Island and schemes for further slum clearance and re-development have already been planned for future years. During the year arrangements were made whereby all recommendations from general practitioners for re-housing priorities on medical grounds were sent to the Public Health Office for the purpose of comparative assessment. The system appears to work well and I would like to take this opportunity of thanking the Housing Officer and his staff for the help and co-operation which they have accorded us in this important matter.

THE ADDICTIONS.

Tobacco took its heaviest toll yet of the population with 40 deaths from lung cancer. How high must this figure reach before it becomes realised that lung cancer is a preventable disease and that active measures should be taken against cigarette smoking? The picture is not all gloom however, for we have reason to believe that there has been a slight reduction in the numbers of people who smoke and that there has been a change for the better in their smoking habits. The small poll conducted each year by this Department indicates that over the past 5 years there has been a fall of 6% in the number of males who smoke. The percentage of cigarette smokers who confessed to smoking over 20 cigarettes a day has also fallen from 36% to 33%. Although the real significance of these small figures is extremely dubious, one is only too pleased to clutch at even the smallest straw of hope in the face of the serious menace of lung cancer.

Over-indulgence in alcohol is the greatest social evil in this Island to-day. Acute alcoholism leads to crime, violence and general anti-social behaviour including deaths and injury on the roads; chronic alcoholism results in broken homes, neglect of child and family and eventually to physical and mental ill health. I would like to remind you that in his 1963 report the Consultant Psychiatrist reported the rate of admission to hospital for alcoholism had, in a period of only three years, increased two-and-a-half times. The number of admissions again increased in 1964.

The real answer to these social problems is self-discipline and a sense of responsibility, but the urge to develop these virtues might well be augmented by a substantial increase in the tax on spirituous liquors and cigarettes.

Addiction to the "white" drugs (morphia, heroin, cocaine etc.) does not appear to be widespread and is not presenting any problem in Jersey at present.

The use of, and eventual dependence on, the drugs belonging to the amphetamine group—those commonly known as the "purple hearts"—appears to be increasing on the Island. Addiction to these drugs can be severe, rather like alcohol addiction. Besides the social consequences which result from the irresponsible behaviour when under the influence of these drugs and the mental illnesses which might result from their abuse, the real danger is that dependence on amphetamine and similar drugs might encourage the addict to take up the far more serious "white" drugs. In order to counter this type of drug taking legislation making possession of the "purple heart" type of drugs illegal has been prepared and it will be introduced early in 1965.

CREMATION.

There were 91 fewer deaths in 1964 than in 1963 and this naturally reflected on the number of cremations. Although there were two fewer cremations in 1964 the actual percentage of deaths cremated rose from 20.6 in 1963 to 22.8 in 1964.

CARE OF THE AGED.

The report of the Social Welfare Officer, which appears in the text, mentions that the "boarding out" accommodation for all old people was doubled during the year, and that the facilities in the homes have improved, in some cases even to high class hotel standards. This trend towards bigger and better homes suggests the end of the old "boarding out" scheme as we originally knew it. Under the initial scheme old persons who could no longer keep house for themselves were found accommodation in private homes—akin to foster homes for children. These private homes have now enlarged and blossomed forth into "Old Person's Homes". Some sort of control and supervision of them is obviously called for and legislation to this end was prepared during the year. It provides for the registration of all Old Person's Homes and lays down certain standards of amenities.

Mrs. Gray, besides her full-time duties as the Social Welfare Officer, has also been required to undertake the work of geriatric almoner to the General Hospital. This was made necessary by the retirement of Miss Findlay and the failure to obtain a replacement. The Social Welfare Officer has also undertaken certain duties normally carried out by the Psychiatric Social Worker—another post which is vacant and is proving difficult to fill. With these extraneous duties and also an increase in her own field of work, an assistant for the Social Welfare Officer becomes more urgent each day.

As far as the future is concerned it can be said with certainty that the care and welfare of the aged will provide one of our biggest problems in the years to come. At the present time 1,302 persons over 70 years of age and of very limited means are drawing non-contributory pensions. It does not require much imagination to realise that in the near future many of these will require care and attention, either in old person's homes or in hospitals. Plans for the building of a "long stay" ward of 54 beds at Overdale Hospital are completed and work is expected to commence in the near future.

STAFF.

It is with much regret that I have to record the death whilst on holiday away from the Island of Mr. L. Hammond, our previous Chief Sanitary Inspector. Mr. Hammond first came to Jersey as a Sanitary Inspector in 1923 and in 1949 he was appointed Chief Inspector. He remained in this post until his retirement in 1960. The early pioneering work by Mr. Hammond and his staff in the field of environmental health has left us with the sound foundation on which our present service is built. Since his retirement Mr. Hammond carried out detailed housing surveys as a preliminary to the slum clearance programme which is now well under way. His presence will be sorely missed.

ACKNOWLEDGEMENTS.

Again this year I would like to draw your attention to the many invaluable services rendered by the various voluntary associations, including the District Nursing Association and the Family Welfare Centre. Jersey rightly prides itself on the tradition of voluntary service, which is part of the Island's heritage. In no field of endeavour are these voluntary efforts so valuable as in that of social medicine and welfare. The workers are far too numerous to name individually, but I personally would like to thank them for all their unselfish efforts throughout the year.

It is a pleasure to express my gratitude to my fellow officers and to the Public Health Department staff for their unfailing assistance throughout the year. Particularly, I would like to thank my Chief Clerk, Mr. L. Simon, who has so diligently compiled the statistical material for this report.

In conclusion I wish to thank you, Madam, and the members of the Public Health Committee for the interest you have shown in the work of the Department and the support you have granted me and my colleagues at all times.

W. WILLIAMS,

Medical Officer of Health.

VITAL STATISTICS.

Area (acres)	28,717
Population (estimated mid-year)	62,000
Number of persons per acre	2
Marriage rate per 1,000 estimated population	19.3
Deaths	758
Death rate per 1,000 estimated population	12.2
Comparability factor	0.89
Standardised death rate	10.9
Live births	1,235
Live birth rate per 1,000 estimated population	19.9
Stillbirths	23
Stillbirth rate per 1,000 live and stillbirths	18.3
Total live and stillbirths	1,258
Infant deaths	29
Infant mortality rate per 1,000 live births (total)	23.5
Infant mortality rate per 1,000 live births (legitimate)	24.1
Infant mortality rate per 1,000 live births (illegitimate)	17.2
Neo-natal mortality rate per 1,000 live births	17.8
Illegitimate live births per cent of total live births	9.4
Maternal deaths	—
Maternal mortality rate per 1,000 live and stillbirths	—
Malignant disease (cancer) (all forms) mortality rate per 1,000 estimated population	2.5
Tuberculosis (all forms) mortality rate per 1,000 estimated population	0.02

THE POPULATION.

The resident mid-year population, as estimated by this Office, was 62,000 ; made up of 29,850 males and 32,150 females.

These figures have been calculated by taking the number of persons enumerated and resident in Jersey at the time of the 1961 census and adding the births and subtracting the deaths that have taken place in the Island since that time.

To these totals we have added the approximate number of Jersey residents who we estimate might be out of the Island at one given time. This figure in 1961 was, according to the Registrar General's Office, about 400 males and 450 females. For our calculations we have used the numbers 408 males and 439 females in order to bring our totals to the nearest round numbers.

1964 ESTIMATED POPULATION.			
	Male	Female	Total
Resident population 1961 Census ...	28,675	30,835	59,510
Births 1961, 1962, 1963 and 1964 ...	2,398	2,391	4,789
	31,073	33,226	64,299
Deaths 1961, 1962, 1963 and 1964 ...	1,631	1,515	3,146
	29,442	31,711	61,153
Estimated No. of Jersey residents enumerated in the U.K. at the 1961 Census	408	439	847
Estimated population 1964	29,850	32,150	62,000

These figures do not take into account migration because we have no method of knowing the exact number of persons who migrate to and from the Island each year.

Figures compiled by the Social Security Department show an excess of immigrants over emigrants of 1,199 for the period 1st May, 1961, to 30th April, 1963.

It would appear from these figures that migration accounts for an increase in our population of approximately 600 persons per annum, but as these figures cannot be truly substantiated we have decided not to make use of them when calculating our estimated mid-year resident population, but instead to await the information which will be available from the census to be held in 1966.

THE MARRIAGE RATE.

There were 597 marriages during 1964 giving a marriage rate (persons married per 1,000 estimated population) of 19.3 as against 18.9 last year.

BIRTHS.

There were 1,235 live births (624 males and 611 females) in Jersey in 1964 giving a crude birth rate of 19.9 per 1,000 estimated population as compared with 20.8 in 1963.

Of these 1,235 live births, 1,210 were born in St. Helier and 25 in the country parishes.

1,163 (or 94%) were born in the Jersey Maternity Hospital ; 37 in nursing homes, and only 35 at home.

The details of where these new births are placed in the family are:—

Position in Family	MALE				FEMALE				TOTAL
	Full-term		Premature		Full-term		Premature		
	Leg.	Illeg.	Leg.	Illeg.	Leg.	Illeg.	Leg.	Illeg.	
1st 	206	35	17	5	173	47	18	6	507
2nd 	171	5	6	—	167	6	8	1	364
3rd 	93	3	5	—	78	4	7	2	192
4th 	42	1	3	—	50	—	3	—	99
5th-11th ...	31	—	1	—	39	1	1	—	73
Total 	543	44	32	5	507	58	37	9	1,235

These figures include babies born in Jersey to non-residents, but do not include those born to Jersey residents out of the Island. Notifications have been received indicating that 10 mothers with a permanent address in Jersey were delivered of their babies on the mainland.

116 out of the 1,235 live births were illegitimate. This represents a percentage of 9.4 which is an increase over 1963, when the percentage was 7.6. The trend of increasing illegitimacy continues and is shown as follows:—

Year	No. of illegitimate births	% of all live births
1959	32	3.4
1960	51	4.9
1961	62	5.7
1962	70	5.9
1963	97	7.6
1964	116	9.4

We have no way of finding out the actual number of unmarried mothers who are not Jersey residents, but the Children's Officer reports that of the unmarried mothers dealt with by her Department, two out of every three are English or Irish girls who do not qualify for any relief as they have not been resident in Jersey for five years.

STILLBIRTHS.

There were 23 stillbirths in 1964 representing a stillbirth rate of 18.3 per 1,000 total births (live and still).

This rate is rather high compared with 1963 when it was 13.8, but with our small population it is subject to wide chance variations from year to year as shown in the following table giving the

number of stillbirths and the stillbirth rate from 1951 when stillbirths were first made notifiable. No definite trend is apparent.

Year	No. of Stillbirths	Rate per 1,000 Live & Stillbirths
1951	12	14.0
1952	20	22.9
1953	18	22.7
1954	12	14.1
1955	14	18.7
1956	16	19.1
1957	11	13.0
1958	22	22.8
1959	15	15.5
1960	14	13.4
1961	20	18.1
1962	27	22.3
1963	18	13.8
1964	23	18.3

DEATHS.

758 deaths were registered in Jersey during the year, 388 males and 370 females. This gives a crude death rate of 12.2 per 1,000 estimated population as compared with a crude death rate of 13.8 in 1963.

The standardised death rate for 1964 was 10.9 as against 12.3 in 1963 and 10.4 in 1962. The standardised death rate is the death rate we would have had in Jersey if our population had the same age and sex distribution as the population of England and Wales.

The percentage of total deaths occurring at ages 65 and upwards was 57.7 for males and 72.2 for females; at ages 75 and upwards 32.5 for males and 53.8 for females.

The average age at death was 65 for males and 69 for females. In 1963 the average age at death was 67 for males and 73 for females.

These mortality figures include deaths of visitors to the Island but do not include Jersey residents who have died when away from Jersey. As the home address of the deceased is not shown on the present form of our death certificate, it has not been possible to operate the "transfer in and out" system. A new form has been introduced to accompany the medical certificate of cause of death and from this information it will now be possible to allocate deaths of visitors to the Island to the community from which they arise.

From newspaper reports and from information received from medical practitioners we have a rough idea of the number of visitors who died in Jersey during the year and the number of Jersey residents who died away from Jersey. The figures for 1964 are as follows:—

Non-residents who died in Jersey	...	...	...	18
Jersey residents who died outside Jersey	...	...	...	56

INFANT MORTALITY.

There were 29 infant deaths (under 12 months of age) during 1964—12 males and 17 females. This gives an infant death rate of 23.5 per 1,000 live births. In 1963 the rate was 17.2.

The deaths were distributed as follows:—

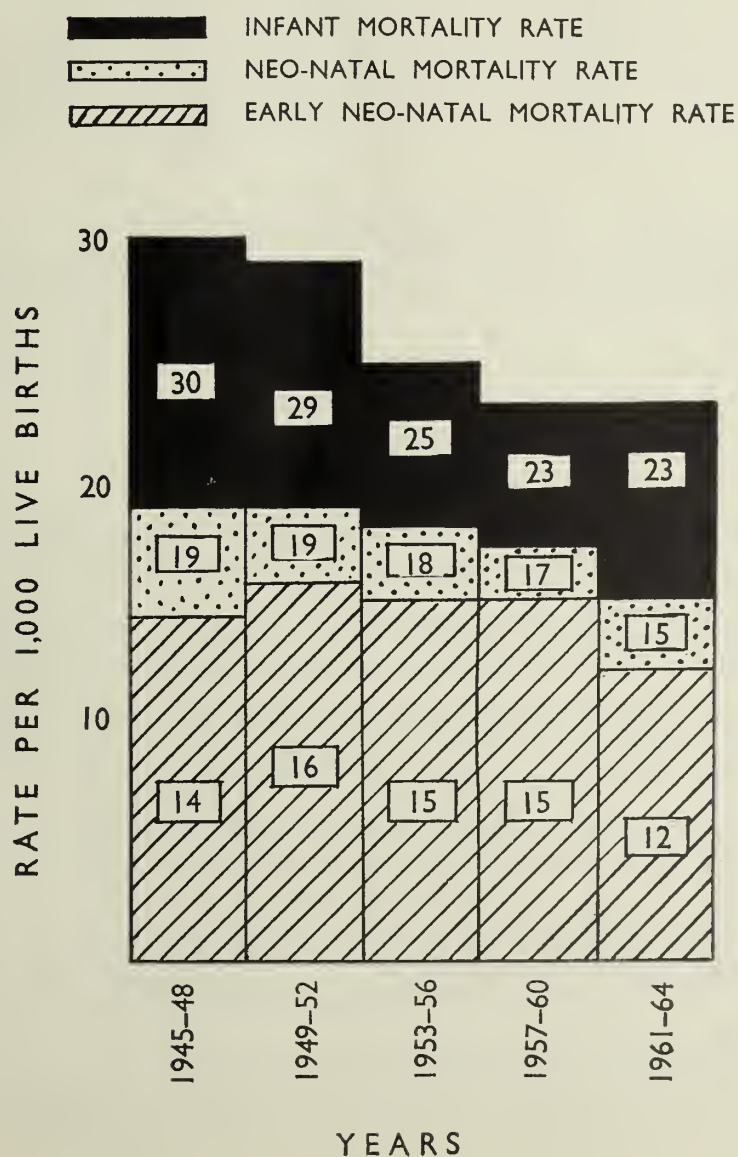
Under 7 days	...	...	...	...	...	...	...	19
7 —28 days	...	...	...	...	...	...	...	3
1 — 3 months	...	...	...	...	...	...	...	4
3 months to 1 year	...	...	...	...	...	...	...	3

The neo-natal deaths, or deaths within the first four weeks of life, number 22 or 76% of the deaths in the first year. This is a neo-natal death rate of 17.8 per 1,000 live births as against 10.9 in 1963 and 16.9 in 1962. Of these deaths 13 or 59% were attributed to prematurity.

CAUSES OF DEATH OF INFANTS WITHIN THE FIRST YEAR OF LIFE.

CAUSE.	AGE AT DEATH.		
	Under 7 days	7 — 28 days	1 — 12 months
Prematurity	12	1	—
Congenital defects ...	6	2	1
Birth injuries	1	—	—
Pneumonia	—	—	5
Accident	—	—	1
Total	19	3	7

TWENTY-YEAR HISTOGRAM SHOWING
FOUR-YEAR AVERAGE INFANT MORTALITY RATES



PERI-NATAL MORTALITY.

The peri-natal mortality rate (the number of stillbirths plus the number of deaths in the first week of life per 1,000 total births) in 1964 was 33.4.

The peri-natal death rate being a combination of the stillbirth rate and the early neo-natal death rate (first 7 days of life) gives a better appreciation of the hazards to which the child is exposed during pregnancy as well as during birth. Factors which might lead to the death of an infant in the first 7 days of life are often closely allied with those which, under other circumstances, might lead to stillbirths.

The following table gives the peri-natal mortality rates for Jersey since records were first kept in 1951.

Year	Peri-natal Mortality Rate
1951	37.4
1952	25.5
1953	32.8
1954	30.5
1955	38.7
1956	29.9
1957	30.8
1958	33.2
1959	28.0
1960	32.5
1961	30.7
1962	33.0
1963	23.1
1964	33.4

MATERNAL MORTALITY.

There were no maternal deaths during the year. The last maternal death was in 1959.

PRINCIPAL CAUSES OF DEATH.

CANCER.

158 people (86 males and 72 females) died of malignant tumours in Jersey in 1964. This gives a rate of 255 deaths per 100,000 of the population as compared with 263 in 1963 and 210 in 1962.

The average age at death from cancer was 66 for males and 65 for females.

Cancer deaths constituted 20.8% of all deaths as against 19.1% in 1963 and 17.6% in 1962.

Cancer of the lung caused 40 deaths (32 males and 8 females). This figure is the highest ever recorded in Jersey. The average age at death was 64 for males and 61 for females. They constituted 25.3% of all deaths from cancer and 5.3% of the total deaths.

The above figures of deaths from malignant tumours are those registered in Jersey during 1964. They include deaths occurring in visitors but do not include Jersey residents who died out of the Island.

We have received notification that 2 Jersey residents died on the mainland from lung cancer and 6 from other forms of cancer. Of the 40 deaths from lung cancer in Jersey we know that one was a non-resident, but we do not know if there were any non-residents amongst the deaths from other forms of cancer.

The actual number of deaths among local residents from lung cancer was therefore 41 and they constituted 25.9% of all deaths from cancer and 5.4% of the total deaths.

Analysis of all deaths from malignant tumours registered in Jersey in 1964 :—

	Male	Female	Total
Buccal cavity and pharynx	3	—	3
Oesophagus	1	2	3
Stomach	11	7	18
Intestine, except rectum	9	5	14
Rectum	4	5	9
Trachea, bronchus and lung	32	8	40
Breast	—	20	20
Cervix uteri	—	5	5
Other and unspecified parts of uterus	—	1	1
Prostate	9	—	9
Skin	1	—	1
Bone and connective tissue	1	—	1
All other and unspecified sites	12	18	30
Leukaemia and aleukaemia	—	1	1
Lymphosarcoma and other neoplasms of lymphatic and haemotopoietic system ...	3	—	3
	86	72	158

As a result of a visit to Jersey during 1962 of Dr. Cruickshank, the medical officer for cancer research at the Ministry of Health, and a member of the administrative staff of the South West Metropolitan Cancer Registry, cancer registration was started at the end of 1962.

The registration scheme is going well and it will ultimately lead to more information on such matters as the best means of diagnosis, the true incidence of the various forms of cancer, and the most successful methods for their treatment.

CORONARY THROMBOSIS.

Coronary thrombosis caused 138 deaths during the year—94 males and 44 females. Expressed as a percentage of the total deaths we find that 24% of all male deaths (1 in 4) and 12% of all female deaths (1 in 8) were due to coronary heart disease.

The figures become more ominous when we study the deaths of men in middle age. In 1964, 119 men died between the ages of 45 and 65, and of these 43 (or 1 in every 3) were due to coronary disease.

MOTOR VEHICLE ACCIDENTS.

Ten persons (7 males and 3 females) died following motor vehicle accidents as against 3 in 1963 and 4 in 1962. The average age was 37—the youngest was 8 and the oldest 78.

ALL OTHER ACCIDENTS.

29 persons (15 males and 14 females) were killed by accidents in 1964. This compares with 21 in 1963 and 34 in 1962.

The types of accidents (motor vehicle accidents excepted) were :—

Falls	10
Drowning	5
Barbiturate poisoning	3
Coal gas poisoning	2
Burns	2
Asphyxia due to inhalation of vomit	2
Inhalation of food	1
Suffocated in carrycot	1
Crushed by tree	1
Carbon monoxide poisoning	1
Electrocuted	1

The average age of these violent deaths was 51—the youngest was 4 months and the oldest 92 years of age.

M A L E

CAUSE OF DEATH	All Ages	Under 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 and over
GROUP I—INFECTIVE AND PARASITIC DISEASES																		
Tuberculosis of respiratory system	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Septicaemia	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Total	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
GROUP II—NEOPLASMS																		
Malignant neoplasm of buccal cavity and pharynx	3	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1
Malignant neoplasm of oesophagus	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Malignant neoplasm of stomach	11	—	—	—	—	—	—	—	—	—	—	1	—	1	4	—	2	3
Malignant neoplasm of intestine, except rectum	9	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	4	1
Malignant neoplasm of rectum	4	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	2
Malignant neoplasm of trachea, bronchus and lung	32	—	—	—	—	—	—	—	—	—	—	1	3	7	9	3	5	4
Malignant neoplasm of prostate	9	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	4	4
Malignant neoplasm of skin	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Malignant neoplasm of bone and connective tissue	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Malignant neoplasm of all other and unspecified sites	12	—	—	—	1	—	—	—	2	1	—	—	1	—	1	1	3	2
Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	3	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1
Benign neoplasms and neoplasms of unspecified nature	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Total	87	—	—	—	1	—	—	—	3	1	1	2	4	10	18	6	21	20
GROUP IV—DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS																		
Anaemias	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Total	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
GROUP VI—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS																		
Vascular lesions affecting central nervous system	37	—	—	—	—	—	—	—	—	1	—	—	2	1	4	5	7	17
All other diseases of the nervous system and sense organs	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Total	38	—	—	—	—	—	—	—	—	1	—	—	2	1	4	5	8	17
GROUP VII—DISEASES OF THE CIRCULATORY SYSTEM																		
Chronic rheumatic heart disease	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Arteriosclerotic heart disease, including coronary disease	94	—	—	—	—	—	—	—	—	1	4	3	11	12	15	10	18	20
Chronic endocarditis not specified as rheumatic	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2
Other myocardial degeneration	5	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	1
Other diseases of heart	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	5
Hypertensive heart disease	7	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	5
Other hypertensive disease	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—
Diseases of arteries	6	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	2
Other diseases of circulatory system	8	—	—	—	—	—	—	—	—	—	1	1	1	2	1	1	—	1
Total	133	—	—	—	—	—	—	—	—	2	5	4	12	15	20	15	24	36
GROUP VIII—DISEASES OF THE RESPIRATORY SYSTEM																		
Lobar pneumonia	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchopneumonia	18	1	—	—	—	—	—	—	—	—	—	—	—	3	—	—	1	13
Primary atypical, other, and unspecified pneumonia	4	1	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1
Bronchitis, chronic and unqualified	17	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4	4	8
Other diseases of respiratory system	7	1	—	—	—	—	—	—	1	—	—	—	—	2	1	—	1	1
Total	47	4	—	—	—	—	—	—	1	—	—	—	—	5	4	4	6	23
GROUP IX—DISEASES OF THE DIGESTIVE SYSTEM																		
Ulcer of stomach	7	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	4
Intestinal obstruction and hernia	3	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1
Gastro-enteritis and colitis, except diarrhoea of the newborn	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Cirrhosis of liver	6	—	—	—	—	—	—	—	—	—	—	—	1	3	—	1	1	—
Other diseases of digestive system	2	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—
Total	19	—	—	—	—	—	—	—	—	—	1	—	1	4	4	3	1	5
GROUP X—DISEASES OF THE GENITO-URINARY SYSTEM																		
Chronic, other, and unspecified nephritis	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—
Hyperplasia of prostate	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2
Other diseases of genito-urinary system	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Total	6	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	3
GROUP XIV—CONGENITAL MALFORMATIONS																		
Congenital malformations of circulatory system	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP XV—CERTAIN DISEASES OF EARLY INFANCY																		
Birth injuries	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-natal asphyxia and atelectasis	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ill-defined diseases peculiar to early infancy, and immaturity unqualified	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	7	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP XVI—SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS																		
Senility without mention of psychosis	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17
Total	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17
GROUP XVII—ACCIDENTS, POISONINGS, AND VIOLENCE																		
Motor vehicle accidents	7	—	—	1	1	1	—	—	1	—	—	1	—	1	—	—	—	1
Accidental poisoning	2	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—
Accidental falls	6	—	—	—	—	—	1	—	—	—	—	2	1	—	—	—	—	2
Accidental drowning and submersion	4	—	—	—	—	1	—	—	2	1	—	—	—	—	—	—	—	—
All other accidental causes	3	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	—
Suicide and self-inflicted injury	6	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—
Total	28	—	—	1	1	2	1	2	5	2	1	4	1	3	—	1	1	3
All causes	388	12	1	1	2	2	1	3	9	6	8	10	20	39	50	34	64	126

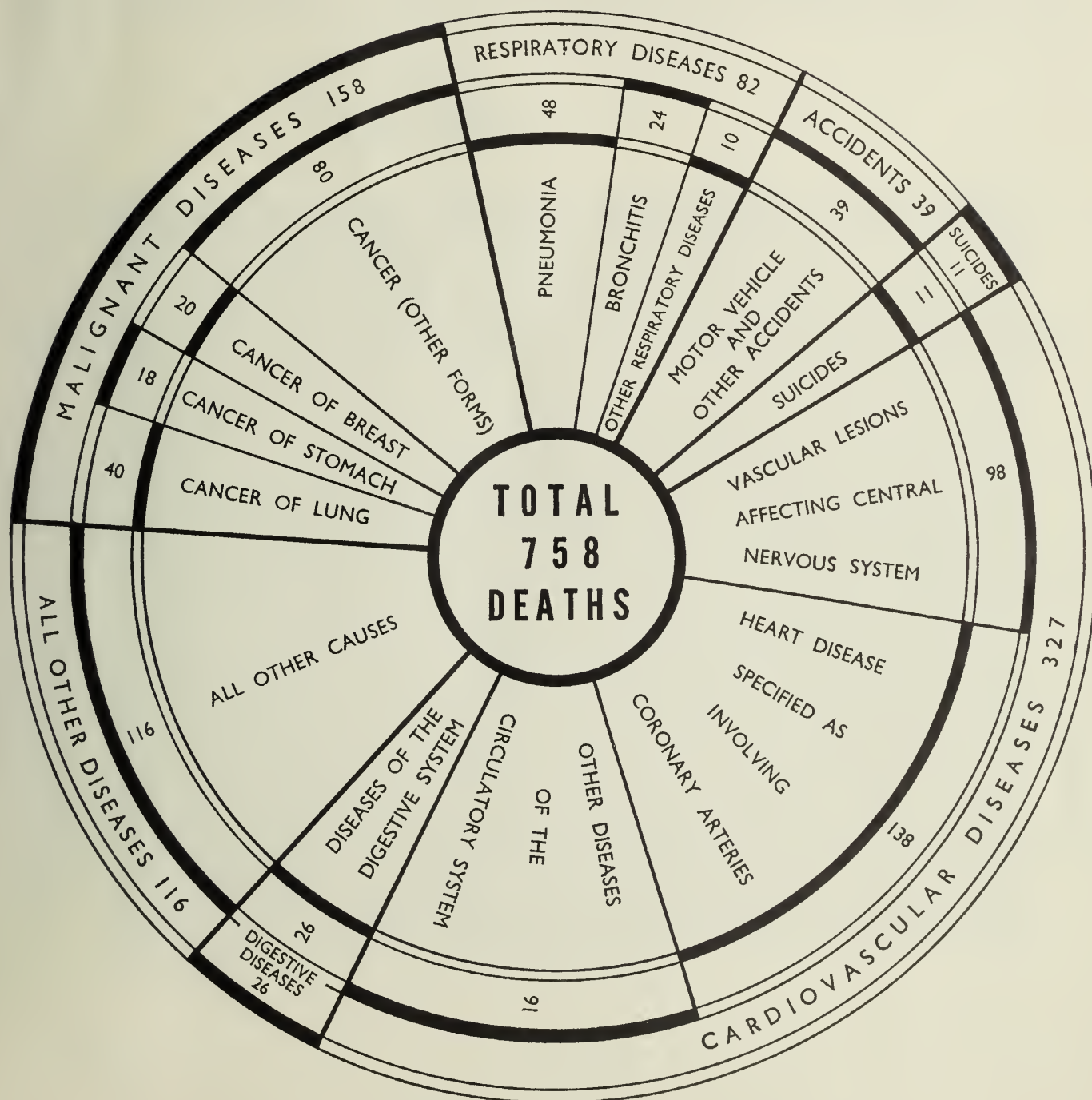
FEMALE

CAUSE OF DEATH	All Ages	Under 1 year	1—4	5—9	10—14	15—19	20—24	25—29	30—34	35—39	40—44	45—49	50—54	55—59	60—64	65—69	70—74	75 and over
GROUP I—INFECTIVE AND PARASITIC DISEASES																		
Infectious hepatitis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Total	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
GROUP II—NEOPLASMS																		
Malignant neoplasm of oesophagus	2	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—
Malignant neoplasm of stomach	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	6
Malignant neoplasm of intestine, except rectum	5	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	1	1
Malignant neoplasm of rectum	5	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	—
Malignant neoplasm of trachea, bronchus and lung	8	—	—	—	—	—	—	—	—	1	—	2	—	—	2	—	1	2
Malignant neoplasm of breast	20	—	—	—	—	—	—	1	—	—	—	1	3	3	3	1	2	6
Malignant neoplasm of cervix uteri	5	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	1	1
Malignant neoplasm of other and unspecified parts of uterus	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm of all other and unspecified sites	18	—	1	1	—	—	—	—	—	—	—	—	3	1	3	1	3	5
Leukaemia and aleukaemia	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Total	72	—	1	1	—	—	—	1	—	1	2	6	7	5	9	6	11	22
GROUP III—ALLERGIES, ENDOCRINE SYSTEM, METABOLIC, AND NUTRITIONAL DISEASES																		
Diabetes Mellitus	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2
Allergic disorders; all other endocrine and metabolic diseases	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Total	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3
GROUP IV—DISEASES OF THE BLOOD AND BLOOD- FORMING ORGANS																		
Anaemias	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Total	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
GROUP V—MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS																		
Psychoses	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2
Psychoneuroses and disorders of personality	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Total	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2
GROUP VI—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS																		
Vascular lesions affecting central nervous system	61	—	—	—	—	1	—	—	2	1	—	—	—	3	5	4	7	38
Epilepsy	2	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
All other diseases of the nervous system and sense organs	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Total	65	—	—	—	—	1	—	—	2	2	—	—	—	3	5	4	7	41
GROUP VII—DISEASES OF THE CIRCULATORY SYSTEM																		
Chronic rheumatic heart disease	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Arteriosclerotic heart disease, including coronary disease	44	—	—	—	—	—	—	—	—	—	—	—	1	2	3	6	11	21
Chronic endocarditis not specified as rheumatic	5	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	4
Other myocardial degeneration	9	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	7
Other diseases of heart	9	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	7
Hypertensive heart disease	9	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	5
Other hypertensive disease	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	2
Diseases of arteries	8	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	5
Other diseases of circulatory system	5	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—	—
Total	95	—	—	—	—	—	—	—	—	—	1	2	3	7	13	17	52	—
GROUP VIII—DISEASES OF THE RESPIRATORY SYSTEM																		
Lobar pneumonia	3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2
Bronchopneumonia	17	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1	13
Primary atypical, other, and unspecified pneumonia	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3
Acute bronchitis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Bronchitis, chronic and unqualified	6	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	4
Other diseases of respiratory system	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Total	35	1	—	—	—	—	—	—	—	—	1	—	3	1	1	2	—	26
GROUP IX—DISEASES OF THE DIGESTIVE SYSTEM																		
Ulcer of duodenum	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Intestinal obstruction and hernia	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Gastro-enteritis and colitis, except diarrhoea of the newborn	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Cirrhosis of liver	3	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—
Total	7	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	1	3
GROUP X—DISEASES OF THE GENITO-URINARY SYSTEM																		
Chronic, other, and unspecified nephritis	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Infections of kidney	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Other diseases of genito-urinary system	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Total	3	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1
GROUP XIII—DISEASES OF THE BONES AND ORGANS OF MOVEMENT																		
Arthritis and spondylitis	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Total	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
GROUP XIV—CONGENITAL MALFORMATIONS																		
Congenital malformations of circulatory system	3	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
All other congenital malformations	2	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Total	5	3	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—
GROUP XV—CERTAIN DISEASES OF EARLY INFANCY																		
Birth injuries	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-natal asphyxia and atelectasis	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ill-defined diseases peculiar to early infancy, and immaturity unqualified	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	12	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP XVI—SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS																		
Senility without mention of psychosis	41	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	40
Ill-defined and unknown causes of morbidity and mortality	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Total	42	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	40
GROUP XVII—ACCIDENTS, POISONINGS, AND VIOLENCE																		
Motor vehicle accidents	3	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—
Accidental poisoning	4	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	3
Accidental falls	4	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	2
Accident caused by fire and explosion of combustible material	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Accident caused by hot substance, corrosive liquid, steam and radiation	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Accidental drowning and submersion	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
All other accidental causes	3	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Suicide and self-inflicted injury	5	—	—	—	—	—	—	1	—	1	—	—	—	—	2	1	—	—
Total	22	1	1	—	—	—	1	2	—	2	—	1	1	1	3	1	2	6
All causes	370	17	2	1	—	1	1	4	3	5	2	9	12	18	28	25	43	199

Deaths (exclusive of foetal deaths), cross-classified by cause and sex, registered during the years 1960 — 1964.

	1960			1961			1962			1963			1964		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
GROUP I — Infective and Parasitic Diseases	8	—	8	5	2	7	4	2	6	1	—	1	2	1	3
GROUP II — Neoplasms	83	75	158	73	57	130	67	60	127	89	73	162	87	72	159
GROUP III — Allergic, endocrine system, metabolic, and nutritional diseases	7	6	13	3	5	8	3	6	9	6	6	12	—	4	4
GROUP IV — Diseases of the blood and blood-forming organs	2	3	5	2	3	5	2	3	5	2	1	3	2	2	4
GROUP V — Mental, psychoneurotic, and personality disorders.....	1	2	3	2	1	3	—	—	—	2	—	2	—	4	4
GROUP VI — Diseases of the nervous system and sense organs	42	89	131	41	76	117	42	77	119	66	83	149	38	65	103
GROUP VII — Diseases of the circulatory system	125	115	240	138	119	257	123	96	219	123	113	236	133	95	228
GROUP VIII — Diseases of the respiratory system	36	28	64	66	42	108	46	31	77	76	57	133	47	35	82
GROUP IX — Diseases of the digestive system	14	12	26	18	15	33	10	16	26	15	9	24	19	7	26
GROUP X — Diseases of the genito-urinary system	12	8	20	17	7	24	6	4	10	9	4	13	6	3	9
GROUP XII — Diseases of the skin and cellular tissue	—	1	1	—	—	—	—	—	—	1	—	1	—	—	—
GROUP XIII — Diseases of the bones and organs of movement	3	—	3	2	3	5	—	—	—	3	1	4	—	1	1
GROUP XIV — Congenital malformations	6	2	8	3	8	11	7	3	10	1	3	4	2	5	7
GROUP XV — Certain diseases of early infancy	15	6	21	9	6	15	6	7	13	9	3	12	7	12	19
GROUP XVI — Symptoms, senility, and ill-defined conditions	16	34	50	16	30	46	14	21	35	21	35	56	17	42	59
GROUP XVII — Accidents, poisonings, and violence	27	12	39	42	14	56	33	25	58	18	19	37	28	22	50
TOTAL	397	393	790	437	388	825	363	351	714	442	407	849	388	370	758

DEATHS FROM PRINCIPAL CAUSES



TUBERCULOSIS.

During 1964, 38 cases of pulmonary tuberculosis were notified but only 23 of these were indigenous cases. The remaining 15, having been in the Island for a short period only, were not considered to have been infected in Jersey but to be already suffering from tuberculosis when they came to the Island.

The incidence rate for Jersey in 1964 was, therefore, 37.09 per 100,000 of the population. The rate for England and Wales is not yet available but, for comparison purposes, the rates for previous years are as follows :—

	Average 1958-62	1963-64
Jersey	76.45	32.37
England and Wales ...	47.39	34.77 (1963)

The following tables and graphs give the Jersey figures for the last 15 years with their distribution as regards age and sex.

	AGE GROUPS																		No. Sputum Positive		% Sputum Positive Male and Female Combined
Year	0-14		15-24		25-34		35-44		45-54		55-64		65-74		75 +		Total				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1950	11	9	11	15	8	9	10	2	3	6	3	1	1	1	—	—	47	43	22	13	39%
1951	7	3	15	11	7	4	7	5	6	6	4	2	3	—	1	—	50	31	25	13	47%
1952	2	2	8	9	12	11	10	3	8	2	4	6	2	2	—	—	46	35	32	21	65%
1953	3	4	11	13	5	2	9	2	7	1	2	2	3	1	—	1	40	26	17	18	53%
1954	1	1	9	6	4	2	8	2	6	6	5	1	—	1	—	—	33	19	17	12	56%
1955	1	2	6	7	6	10	6	1	2	2	6	1	—	—	—	—	27	23	17	10	54%
1956	—	—	11	13	9	7	6	3	5	2	2	1	1	—	1	—	35	26	19	5	39%
1957	—	—	5	6	5	7	6	3	2	2	7	1	4	—	—	—	29	19	17	4	44%
1958	—	1	3	9	8	4	9	5	6	5	6	2	6	—	1	1	39	27	24	9	50%
1959	1	—	4	1	5	4	5	5	4	6	4	4	2	1	—	—	25	21	11	9	43%
1960	2	1	2	4	5	3	9	4	7	3	6	—	3	2	—	—	34	17	14	5	37%
1961	2	—	2	4	2	1	6	3	4	3	4	2	2	1	—	—	22	14	8	3	31%
1962	1	1	—	1	2	—	3	4	5	1	4	2	—	—	—	—	15	9	8	3	46%
1963	—	—	1	—	3	1	3	1	1	1	4	—	1	—	1	—	14	3	8	1	53%
1964	—	1	2	1	3	2	2	3	4	—	4	—	1	—	—	—	16	7	10	4	61%

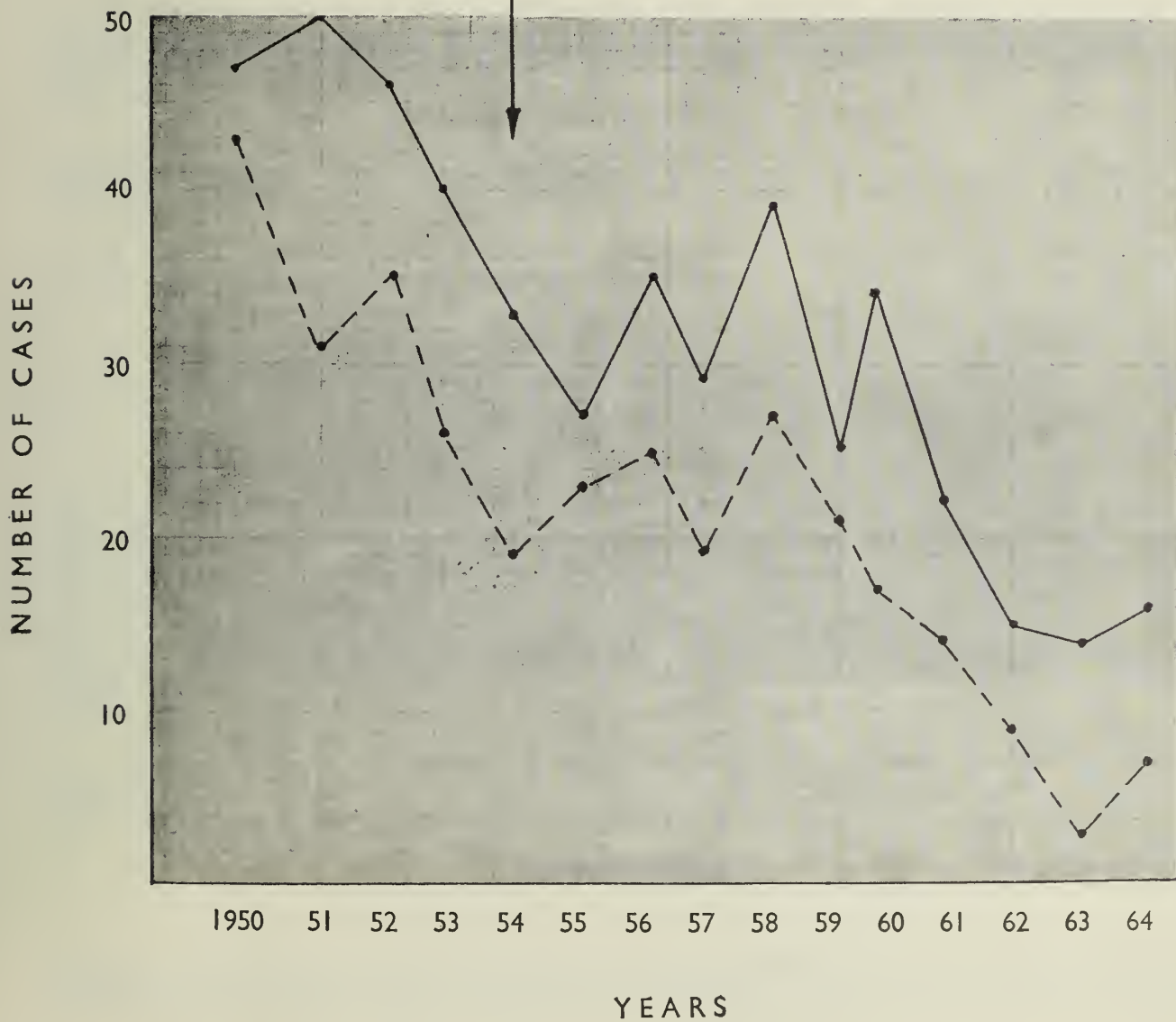
INDIGENOUS CASES OF PULMONARY TUBERCULOSIS

(ALL AGES)

1950 - 1964

—•— MALE
- - -•- FEMALE

MASS
MINIATURE
RADIOGRAPHY
COMMENCED

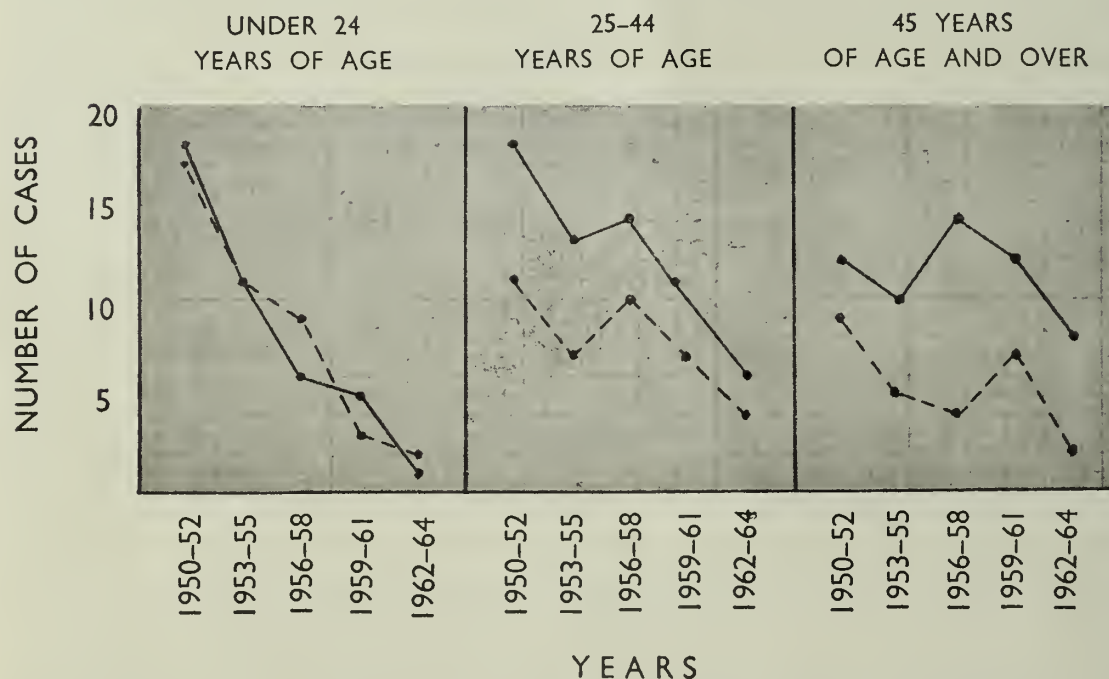


Yearly Average Based on 3 Years	AGE GROUPS																Total		No. Sputum Positive		% Sputum Positive Male and Female Combined
	0-14		15-24		25-34		35-44		45-54		55-64		65-74		75 +						
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1950-52	7	5	11	12	9	8	9	3	6	5	4	3	2	1	—	—	48	36	26	16	50%
1953-55	2	2	9	9	5	5	8	2	5	3	4	1	1	1	—	—	33	23	17	13	54%
1956-58	—	—	6	9	7	6	7	4	4	3	5	1	4	—	1	—	34	24	20	6	45%
1959-61	2	—	3	3	4	3	7	4	5	4	5	2	2	1	—	—	27	17	11	6	38%
1962-64	—	1	1	1	3	1	3	3	3	1	4	1	1	—	—	—	15	6	9	3	53%

INDIGENOUS CASES OF PULMONARY TUBERCULOSIS

THREE - YEAR AVERAGE

—●— MALE
- - -●- - FEMALE



It will be seen that there has been a very substantial decrease in the number of cases under the age of 24 years and of the 4 cases notified in this age group in 1964 none had been protected by B.C.G.

Of the 23 cases, 9 (6 males and 3 females) were classified as "early" or "minimal" falling into categories A1 and A2, and the average age was 35 for males and 27 for females. Of the other cases, 7 (6 males and 1 female) were classified as "advanced" or "very advanced" (categories B2 and B3), and the average age was 46 for males and the one female was 18 years of age.

SEVERITY OF CASES, 1964.

Description	Category	Males	Females	Total
Early or minimal ...	A ₁ A ₂	6	3	9
Moderate	A ₃ B ₁	5	2	7
Advanced	B ₂ B ₃	6	1	7
All types		17	6	23

A total of 14 cases were known to have a positive sputum (i.e. containing the germ of tuberculosis) at, or soon after, the time of diagnosis. This gives us an incidence of sputum positive cases of 61% for 1964 and an average annual incidence for the past three years (1962-64) of 53% as against 38% for the three years 1958-61.

Only one death from pulmonary tuberculosis was recorded in 1964. This was a man of 77 years of age who was first diagnosed in the latter part of 1963 and was then classified as a "very advanced" case.

8 cases of non-pulmonary tuberculosis were notified during 1964. This gives an incidence rate of 12.90 per 100,000 of the population.

OVERDALE HOSPITAL—REPORT OF DR. R. GRUCHY.

32 new cases of lung cancer were seen at Overdale during 1964. This is by far the highest figure yet recorded. Every one of these patients was, or had been, a smoker, all, except one, of cigarettes. A striking feature of the case histories is the large number of patients who gave up smoking at the onset of symptoms of the cancer. This implies that the dangers of smoking are now well known but are acted upon too little and too late. The slight changes of smoking habits recorded in the M.M.R. survey support this view. Lung cancer is largely a preventable disease and smoking is a preventable habit. The cure of both is extremely difficult. These are facts which cannot be over emphasised. They point clearly to the vital need to prevent children from acquiring the habit if this modern epidemic is to be eradicated.

Clinical assessment of tuberculosis cases showed a similar pattern to the previous year and suggests that the increase was a chance one seen in a small population from year to year and did not reflect a halt in the downward trend of incidence.

OUT-PATIENTS.

	Total No. of Visits
Old Patients	1,163
	Total No. of Persons
New Patients... ..	344

B. C. G.

During 1964, 1,216 individuals, including 3 over the age of 15, received B.C.G. No less than 1,159 of these cases were children under the age of 12 months, of whom, 1,155 were born during the year.

A total of 20,714 persons have received B.C.G. since 1949 when it was first introduced into Jersey.

Age Groups	Population	No. protected by B.C.G.	Percentage protected by B.C.G.
Under 1	1,206	1,155	96%
1—2	1,258	1,243	99%
2—3	1,157	1,114	96%
3—4	1,055	1,032	98%
4—5	999	960	96%
5—6	927	859	93%
6—7	921	853	93%
7—8	794	753	95%
8—9	757	711	94%
9—10	724	670	93%
10—11	777	706	91%
11—12	724	612	85%
12—13	743	640	86%
13—14	704	670	95%
14—15	783	428	55%
15—16	826	538	65%
16—17	819	679	83%
17—18	937	750	80%
18—19	718	671	93%
19—20	661	584	88%
20—21	692	579	84%
21—22	564	468	83%
22—23	567	482	85%
23—24	642	525	82%
24—25	689	528	77%
25—26	692	514	74%
26—27	652	494	76%
27—28	718	480	67%
28—29	762	340	45%
29—30	738	172	23%
30—31	718	104	14%
31—32	667	79	12%
32—33	606	41	7%
33—34	595	37	6%
34—35	649	34	5%

97%
94%
82%
82%
82%
57%
9%

The population was estimated for each year as follows :—

1—6 : the births minus the deaths.

7—14 : the actual population present in all the Island schools, States' aided and private.

15 and over : the numbers present in the schools when those in these age groups were school children.

As has been recorded in other years, B.C.G. has proved to provide an amazing amount of protection. We now have a very high percentage of our under 25 population protected, as shown in the above table, and no vaccinated person in that age group developed clinical tuberculosis during the year.

Plans have been made to extend, in 1965, B.C.G. vaccination to cover all school-leavers. A skin test will be performed on all 13-year olds and those negative to the test, which shows that they have no resistance to tuberculosis, will be offered B.C.G. vaccination.

MASS MINIATURE RADIOGRAPHY.

14,302 individuals attended the M.M.R. Centre for an X-ray of the chest in 1964. 471 attended on more than one occasion and a total of 14,773 films were taken, processed and read.

Of all persons who attended, 8,760 (61%) were self-applicants, 608 (7%) of these attending for the first time; 1,783 (12%) were referred by their own doctors for examination, and 3,017 (21%) were aliens.

In all, 12 cases of pulmonary tuberculosis and 5 cases of cancer of the lung were found.

The distribution and yield per 1,000 examinations is shown in the following table:—

Group	No. X-rayed	No. of T.B.	Yield per 1,000	No. of Cancer	Yield per 1,000
Self-applicants ...	8,760	4	0.5	—	—
Ref. by doctors ...	1,783	3	1.7	5	2.8
Aliens	3,017	5	1.7	—	—
Others	742	—	—	—	—
Total	14,302	12	0.8	5	0.3

THE SMOKING PATTERN.

The poll of smokers and their habits which is carried out each year by this Department in conjunction with the M.M.R. Unit gives us reason to believe that some of the warnings about the dangers of cigarette smoking might, at last, have fallen on fertile ground. The figures suggest that there has been a slight decrease in the number of persons who smoke cigarettes. They also show a slight change in the smoking habits in that there seems to have been a swing from cigarettes in favour of pipe and cigars.



The sample population from which these figures are obtained is not by any means a random sample, but it at least has the merit of being the same sample which is used year by year. We present these figures as a trend of what is happening to the smoking habit of that part of the population which attends the M.M.R. Unit.

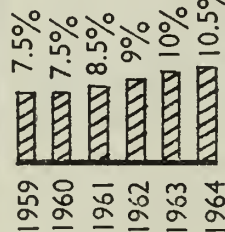
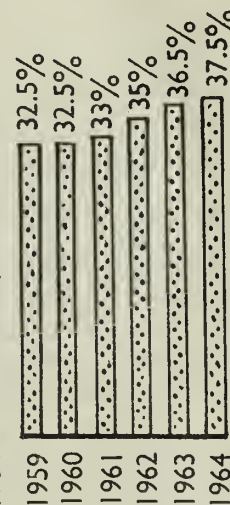
The following tables and histogram show the changes in the smoking habits since 1959:—

SMOKING HABITS OF PERSONS WHO ATTENDED THE M.M.R. 1959-64.

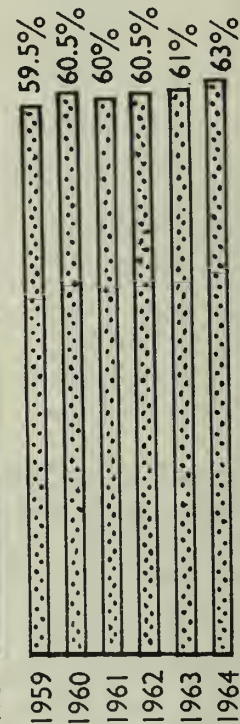
Year	% of persons who smoke cigarettes only		% of persons who smoke other forms of tobacco		% of persons who smoke	
	M	F	M	F	M	F
1959	60.0	40.5	7.5	—	67.5	40.5
1960	60.0	39.5	7.5	—	67.5	39.5
1961	58.5	40.0	8.5	—	67.0	40.0
1962	56.0	39.5	9.0	—	65.0	39.5
1963	53.5	39.0	10.0	—	63.5	39.0
1964	52.0	37.0	10.5	—	62.5	37.0

HISTOGRAM SHOWING SMOKING HABITS OF :—

 CIGARETTE SMOKERS
 PIPE & CIGAR SMOKERS
 NON-SMOKERS

MALE**CIGARETTE SMOKERS****PIPE AND CIGAR SMOKERS****NON-SMOKERS**

YEARS

FEMALE**NON-SMOKERS****CIGARETTE SMOKERS**

YEARS

CHANGING SMOKING HABITS OF CIGARETTE SMOKERS 1959—64.

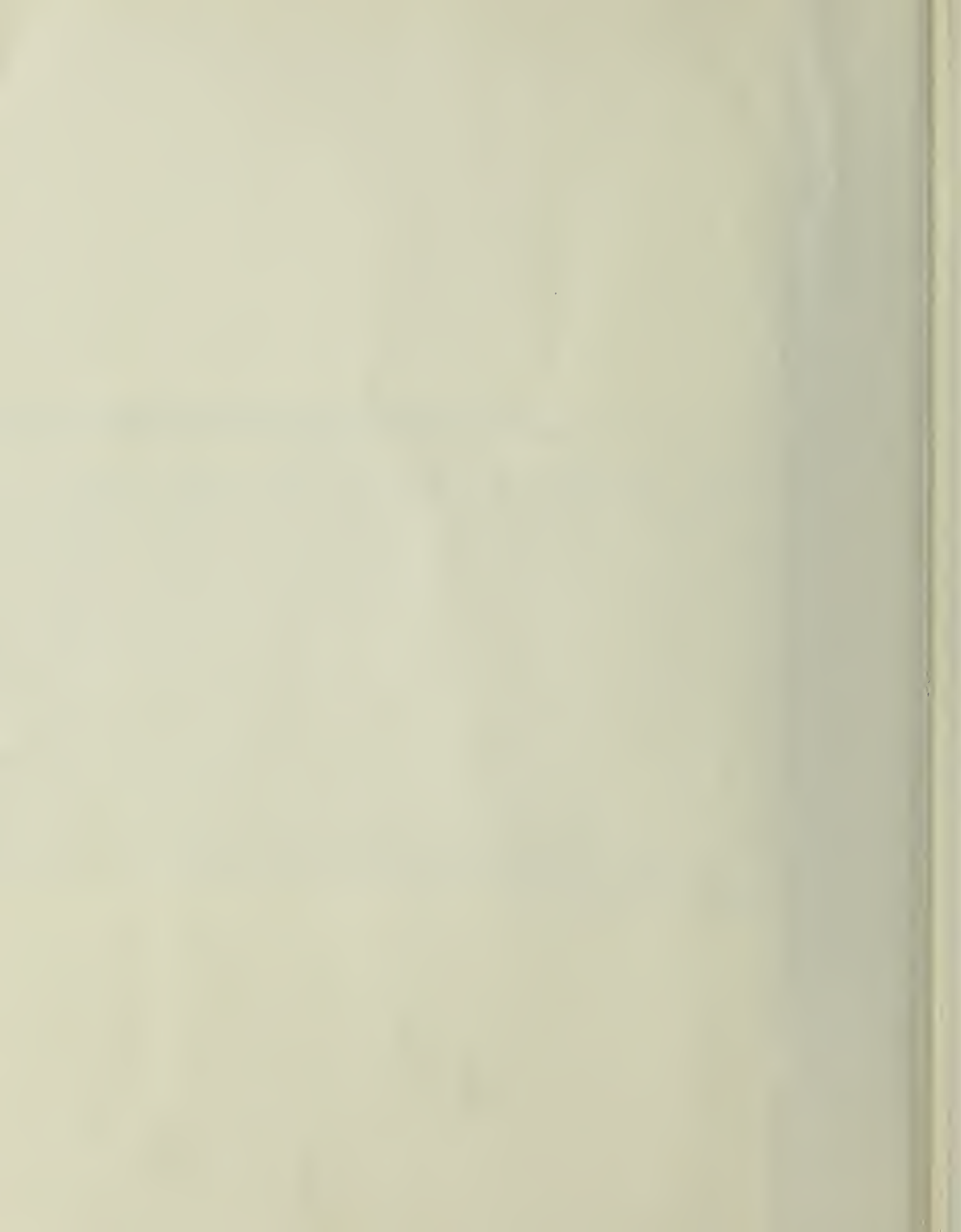
Year	Heavy (over 20) %		Medium (10—20) %		Light (under 10) %	
	M	F	M	F	M	F
1959	36.0	11.0	17.0	19.0	7.0	10.5
1960	36.5	10.5	17.5	18.0	6.0	11.0
1961	37.0	11.5	15.5	18.5	6.0	10.0
1962	35.5	11.5	15.5	18.5	5.0	9.5
1963	33.5	11.5	15.5	18.5	4.5	9.0
1964	33.0	11.0	14.5	18.0	4.5	8.0

Survey of smoking habits of the general population in 1964—giving distribution by age, sex and amounts smoked.

Age Groups		Number asked	Non-smokers	% of Total	PIPE TOBACCO						CIGARETTES										CIGARS					
					0-3 oz.	% of Total	4-6 oz.	% of Total	7 oz.	% of Total	0-9	% of Total	10-19	% of Total	20-29	% of Total	30-39	% of Total	40 +	% of Total	5	% of Total	10	% of Total	15	% of Total
15-19	M	350	238	68.00	1	.30	—	—	—	—	25	7.14	43	12.28	36	10.28	5	1.50	2	.60	—	—	—	—	—	—
	F	570	463	81.23	—	—	—	—	—	—	33	5.78	61	10.70	11	1.93	2	.35	—	—	—	—	—	—	—	—
20-29	M	824	353	42.84	22	2.67	10	1.21	—	—	40	4.84	146	17.74	180	21.84	40	4.84	26	3.15	4	.48	2	.24	1	.12
	F	1081	709	65.57	—	—	—	—	—	—	75	6.93	209	18.41	78	7.21	4	.37	6	.56	—	—	—	—	—	—
30-39	M	1089	411	37.74	46	4.22	38	3.41	4	.36	37	3.40	146	13.40	294	26.08	59	5.42	37	3.39	9	.82	7	.64	1	.09
	F	1123	672	59.84	—	—	—	—	—	—	101	8.98	214	19.05	116	10.33	15	1.33	5	.45	—	—	—	—	—	—
40-49	M	1009	309	30.62	49	4.85	52	5.15	7	.69	42	4.16	130	12.88	277	27.45	74	7.33	51	5.05	11	1.09	6	.59	1	.10
	F	993	545	54.86	—	—	—	—	—	—	96	9.66	204	20.54	119	11.98	21	2.12	8	.82	—	—	—	—	—	—
50-59	M	856	260	30.37	45	5.25	43	5.02	8	.93	30	3.50	125	14.60	212	24.76	62	7.24	56	6.54	5	.58	9	1.05	1	.12
	F	807	451	55.90	—	—	—	—	—	—	71	8.79	160	19.83	101	12.51	16	1.99	8	.10	—	—	—	—	—	—
60 +	M	606	207	34.15	53	8.74	49	8.08	5	.82	39	6.43	98	16.17	96	15.84	29	4.78	14	2.31	10	1.65	6	.99	—	—
	F	542	385	71.03	—	—	—	—	—	—	43	7.93	77	14.21	31	5.72	3	.55	3	.55	—	—	—	—	—	—
TOTALS	M	4734	1778	37.55	216	4.56	192	4.05	24	.50	213	4.49	688	14.53	1095	23.13	269	5.72	186	3.92	39	.84	30	.63	4	.08
	F	5116	3225	63.04	—	—	—	—	—	—	419	8.19	925	18.08	456	8.91	61	1.19	30	.58	—	—	—	—	—	—

Pipe Tobacco = Ozs. smoked per week.

Cigarettes and
Cigars = Amount smoked per day.



MASS MINIATURE RADIOGRAPHY. Year ending 31st December, 1964.

D.N.A. S.A. Dr. Dr. Alien Alien Total ... 8	M. 1 M. 1 F. 3 M. 1 F. 2	Min. X-rays		Passed on Min. film		Recalled for Large film		Passed on Large film		Treatment Cases		Cases for Observation		Other significant abnormalities.			
														Cancer		Heart	
		Grand Total	Repeats	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total
Self- Applicants (New)	M	285	—	272	95.44	13	4.56	6	2.10	—	—	—	—	—	—	6	2.10
	F	323	—	303	93.81	20	6.19	9	2.79	—	—	—	—	—	—	5	1.54
Self- Applicants (Repeat)	M	3965	3965	3883	97.93	82	2.07	51	1.29	4	.10	2	.05	—	—	8	.20
	F	4198	4198	4151	98.88	47	1.11	26	.62	—	—	2	.04	—	—	5	.12
Doctors' Cases	M	914	394	817	89.38	97	10.61	33	3.61	2	.22	5	.54	3	.33	9	.98
	F	978	390	904	92.43	74	7.56	30	3.07	1	.10	5	.51	2	.20	8	.82
Contacts	M	118	55	116	98.30	2	1.70	1	.85	—	—	—	—	—	—	—	—
	F	108	61	103	95.37	5	4.63	4	3.70	—	—	—	—	—	—	1	.93
Tuberculin Positives	M	19	19	19	100.00	—	—	—	—	—	—	—	—	—	—	—	—
	F	32	32	32	100.00	—	—	—	—	—	—	—	—	—	—	—	—
Aliens	M	2056	1248	2012	97.86	44	2.14	27	1.31	5	.24	5	.24	—	—	1	.05
	F	963	520	944	98.03	19	1.97	11	1.14	—	—	3	.31	—	—	—	—
Hospital Staff	M	151	143	146	96.69	5	3.31	3	1.99	—	—	1	.66	—	—	1	.66
	F	663	529	649	97.90	14	2.10	9	1.35	—	—	1	.15	—	—	2	.30
TOTALS	M	7508	5824	7265	96.76	243	3.23	121	1.61	11	.14	13	.18	3	.03	19	.25
	F	7265	5730	7086	97.53	179	2.46	87	1.20	1	.01	11	.15	2	.03	21	.30

14,773 films—471 more than once in year=14,302 individuals.

ANTI-POLIOMYELITIS VACCINATION.

A total of 4,353 doses of oral vaccine were given during the year, 3,788 by this Department and at Infant Welfare Clinics, and 565 by medical practitioners.

The following table gives the number of doses given :—

No. of Doses	Public Health & Infant Welfare	Medical Practitioners	Total
1st dose ...	1,127	210	1,337
2nd dose ...	1,140	178	1,318
3rd dose ...	1,229	108	1,337
4th dose ...	292	69	361
Total	3,788	565	4,353

At the end of the year 195 persons had received one dose only, 171 had received two doses, 3,578 had received three doses and 1,071 had received four doses. A further 29 had registered but had not yet received their first dose.

INFECTIOUS DISEASES.

The number of cases of infectious disease, other than tuberculosis, notified during 1964 is shown below :—

Disease	Cases Notified
Dysentery (Sonne)	5
Food poisoning	2
Typhoid and para-typhoid fever	2
Meningococcal infection	12
Scarlet fever	4
Whooping cough	1

All these cases were sporadic and no epidemics were encountered during the year.

The following cases of transmissible diseases were treated at Overdale Hospital during the year :—

Tuberculosis (all forms)	32
Typhoid	1
Para typhoid	1
Sonne Dysentery	3
Gastro-enteritis	1
Infective hepatitis	3
Measles	11
German measles	1
Chicken pox	6
Mumps	4
Encephalitis	2
Shingles	1
Glandular fever	1
Erysipelas	1
Scabies	1
Tonsillitis	2
Virus infections	3
Whooping cough	1

The typhoid case originated in Spain. No source of origin was found for the para typhoid.

VENEREAL DISEASES.

Dr. Bentlif, who conducts the Special Clinics, reports that attendances at these clinics in 1964 had fallen to 75% of the 1963 level.

The comparative figures are :—

	1961	1962	1963	1964
New Patients	104	142	233	180
Old Patients	177	331	576	426
Total	281	473	809	606

The monthly figures were :—

	New	Old	Total
January	11	18	29
February... ..	6	36	42
March	6	22	28
April	12	31	43
May... ..	13	48	61
June... ..	23	59	82
July	35	59	94
August	29	100	129
September	20	64	84
October	13	40	53
November	7	29	36
December	5	10	15
Yearly Total	180	426	606
			M. 511 F. 95

The increase during the summer months reflects the holiday influx which naturally can be expected to contain an undesirable element.

SCHOOL MEDICAL SERVICE.

GENERAL.

Our School Medical Service, like that of the mainland, is directed to the discovery of disabilities which might affect the health, development or educational progress of school children.

We are particularly interested in handicapped children and concerned with the medical aspects of learning difficulties, and, in this field, we work closely with the consultant services of the General Hospital and the Child Guidance Clinic.

The total number of pupils on the Island's school registers in 1964 was 8,573, and of this number only 289 (3.4%) were attending those private schools which have not availed themselves of the use of the school medical service.

I regret to have to record that there were 115 refusals (3.7%) for periodic medical examination out of 3,080 examinations due. This is rather a pity and, in many cases, is due to the fact that the child has had a recent examination by the family doctor, and the parents feel that a further examination is unnecessary. This complacency is not always justified, as the school medical examination is specialised and directed largely to vision and hearing which, if not giving rise to obvious symptoms, may easily be missed at ordinary medical consultation.

IMMUNISATION.

School medical examination also affords an excellent opportunity to review and keep up to date the various vaccinations and immunisations of practically the whole school child population. A lot of effort has been directed towards this end by all our district nurses and, thanks to their efforts, I think we can safely say that our school children are as well protected as any in Europe.

MEDICAL INSPECTIONS.

School children are examined on four occasions during their school life. The first examination is at entry to school, usually at the age of 6 years; the second at 9; the third at 12; and the final examination during the pupil's last year at school. These examinations are the "periodic" examinations.

In addition to periodic examinations, many children, found to have defects, are re-examined annually to assess the progress of their condition or response to treatment.

During the year 2,965 children were examined, and of this number, 266 were re-examinations for assessment of defects discovered at a previous periodic examination.

The number of children examined at periodic examinations was 2,699 and of these 1,494 (55.3%) were found to have one or more defects.

TABLE I.

	Periodic Medical Inspections.		
	1962	1963	1964
Number of pupils on School Registers	8,429	8,626	8,573
Number of children inspected	2,493	2,360	2,699
Percentage of children inspected	29.6%	27.4%	31.5%
Number of sessions by School Doctor	150	173	180
Average number examined per session	19	13	15

(a) Visual Defects.

During the year a total of 200 children were referred for specialist examination at the General Hospital and of these 118 (59%) were for defects of vision.

TABLE II.
Incidence of Visual Defects.

Year	Incidence per 1,000 School-children
1958	89
1959	78
1960	62
1961	79
1962	69
1963	121
1964	92

(b) Ear, Nose and Throat Defects.

At medical inspection, 395 children were discovered with upper respiratory defects, giving an incidence of 133.2 per 1,000, over double the figure for last year, when the incidence was recorded as 58 per 1,000. Many children, however, had no abnormality other than palpable cervical glands which might not be recorded as abnormal by other observers.

This increased incidence of upper respiratory tract infection was, [as] might be expected, reflected in the incidence of middle ear infections, which show a 45 % increase over last year's figure.

TABLE III.
Otitis Media.

Year	Incidence per 1,000 School-children
1962	8.8
1963	5.5
1964	8.1

Chronic ear infections are now uncommon in school children, due to prompt and improved methods of treatment. It is fortunately rare to find a case of chronic ear infection, resulting in serious loss of hearing. This, I believe, is one of the greatest achievements in Paediatrics in recent years, when one thinks of the number of children in the past who had chronic discharging ears, often resulting in backwardness, due to loss of hearing. In my examinations of almost 3,000 children in 1964, I can only remember one child wearing a hearing aid.

(c) Speech Defects.

A noticeable feature of speech defects in early school life is the lack of awareness on the part of parents of the need for advice and treatment. Parents readily accept minor defects of speech with complacency, and very often they are interpreted as a normal stage of development, which the child will outgrow. It is only by direct enquiry from the parent, or carefully listening to the child's response to questions, that many of the speech defects are discovered. Awareness of this fact led us, in 1964, to modify our questionnaire to parents to include enquiry into speech development. The measure was reflected in the increased incidence of speech defects recorded.

TABLE IV.
Incidence of Speech Defects.

Year	Incidence per 1,000 School-children
1963	12.3
1964	17.5
1963 (England and Wales)	11.3

TABLE V.
SCHOOL MEDICAL INSPECTIONS, 1964.

	No. examined			No. with Defects		
	Total	Boys	Girls	Total	Boys	Girls
GROUP I: 5-6 years	831	446	385	484	279	205
GROUP II: 9 years	632	310	322	341	177	164
GROUP III: 12 years... ..	607	346	261	364	218	146
GROUP IV: 15 years and leavers	629	483	146	305	234	71
GROUP V: Special and re-examinations	266	156	110	166	100	66
Totals	2,965	1,741	1,224	1,660	1,008	652

DIPHTHERIA/PERTUSSIS/TETANUS IMMUNISATIONS (combined vaccine)

Primaries...	160
Boosters ...	1,438

ANTI-TETANUS TOXOID IMMUNISATIONS

Primaries...	583
Boosters ...	26

TABLE VI. SCHOOL MEDICAL INSPECTIONS, 1964.

SUMMARY OF DEFECTS.

	GROUP I			GROUP II			GROUP III			GROUP IV			GROUP V			Total
	O	T	R	O	T	R	O	T	R	O	T	R	O	T	R	
Skin	11	—	—	13	—	—	12	1	—	11	4	1	5	—	1	59
EYES : Vision	24	3	21	20	14	32	13	21	22	21	11	29	9	18	14	272
Squint	11	8	4	6	5	1	7	7	—	3	2	—	3	5	—	62
Other	6	1	—	6	1	—	6	—	1	1	1	1	1	—	—	25
EARS : Hearing	12	—	2	8	—	2	5	—	1	1	—	1	6	4	1	43
Otitis Media	7	—	1	3	—	1	6	1	—	3	1	—	—	1	—	24
Other	10	—	—	4	—	—	—	—	—	—	—	—	—	—	—	14
Nose/Throat (inc. cervical glands) ...	177	4	17	92	1	—	56	1	1	17	—	2	26	—	1	395
Speech	11	—	19	6	—	3	—	1	1	3	—	—	3	4	1	52
Heart/Circulation	19	—	—	13	—	—	14	2	—	17	—	1	16	2	1	85
Lungs	24	2	1	6	1	—	9	2	—	4	—	1	6	1	—	57
DEVELOPMENT : Hernia	1	—	2	—	—	2	—	—	—	—	—	—	2	—	—	7
Other	4	—	—	2	—	—	1	—	—	—	—	—	—	—	—	7
ORTHOPÆDIC : Posture	18	—	—	31	1	—	40	14	—	51	35	—	—	8	—	198
Flat foot	52	1	1	61	3	1	54	26	—	34	52	1	8	6	—	300
Other	15	—	3	9	1	—	21	—	—	9	—	—	1	—	—	59
NERVOUS SYSTEM : Epilepsy	—	—	1	—	—	—	1	—	—	1	—	—	—	1	—	4
Other	4	—	—	1	—	—	3	—	—	2	—	—	—	—	—	10
PSYCHOLOGICAL : Development	7	—	1	5	—	1	3	—	—	—	—	—	1	—	1	19
Stability	3	—	—	5	—	—	5	—	—	1	—	—	4	1	—	19
Asthma	14	—	—	11	—	—	9	2	—	7	1	—	8	—	—	52
Eneuresis	21	—	—	8	—	—	2	—	—	2	—	—	11	—	—	44
Obesity	2	1	—	—	—	—	10	—	—	5	—	—	2	2	—	22
Other defects	10	1	1	5	—	—	10	—	—	11	—	—	1	—	—	39
Totals	463	21	74	315	27	43	287	78	26	204	107	37	113	53	20	1,868

O = Defects requiring observation.

T = Defects requiring treatment.

R = Defects requiring referral.

Groups I, II, III and IV Periodic inspections.

Group V... .. Special inspections.

TABLE VII.

Incidence of Defects and Diseases (excluding Dental Disease and Infestation with Vermin) found at Medical Inspections in 1964.

Number of children inspected = 2,965															Type of Defects	Number of Defects	Incidence per 1,000 children
Skin...	59	19.9
EYES : Vision...	272	91.7
Squint...	62	20.9
Others...	25	8.4
EARS : Hearing...	43	14.5
Otitis Media...	24	8.1
Other...	14	4.7
Nose and Throat (including catarrh and glands)...	395	133.2
Speech...	52	17.5
Heart...	85	28.7
Lungs...	57	19.2
DEVELOPMENT : Hernia...	7	2.4
Other...	7	2.4
ORTHOPÆDIC : Posture...	198	66.8
Feet...	300	101.2
Other...	59	19.9
PSYCHOLOGICAL : Development...	19	6.4
Stability...	19	6.4
Nervous System : Epilepsy...	4	1.3
Other...	10	3.4
Asthma...	52	17.5
Bed-wetting...	44	14.8
Obesity...	22	7.4
Other defects...	39	13.2
Total defects...	1,868	629.9

SCHOOL BUILDINGS.

The schools in Jersey are, in general, very good, and a lot of effort has been directed to their improvement in recent years. There is still, however, overcrowding in some of the junior schools, which will require extension of existing buildings in the near future.

In conclusion, I would like to record my thanks for all the help given to me by the Headmasters and their Staffs throughout the Island. The success of our School Medical Service during 1964 has largely been due to their efforts in coping with the clerical work and arranging the school routine to suit our needs.

M. MURPHY,
School Medical Officer.

SCHOOL DENTAL CLINIC.

REPORT OF THE SENIOR SCHOOL DENTAL OFFICER.

I have the honour to report on the work of the School Dental Clinic for 1964.

The numbers of school children inspected and the amount of dental treatment required would appear to have reached a steady level. However, the number of attendances has again risen, due to more children attending for inspection at the clinic in between their annual school inspections.

It was agreed during the year, that dental treatment would be offered free to pre-school children attending the School Dental Clinic. There were few requests for this treatment during the past year, but no doubt the numbers will improve when the fact becomes more generally known.

I would like to thank all Head Teachers for their continued help in the past year.

	1964	1963	1962
Number inspected	6,108	5,918	6,066
Number needing treatment... ..	3,250	3,333	3,183
% needing treatment	54.1	58.0	52.5
Number consenting to treatment	2,226	2,267	2,256
% consenting to treatment... ..	66.0	68.3	70.9
Number of first visits	2,769	2,966	2,535
Total attending	9,752	9,328	7,696
Number of fillings (P)... ..	6,219	6,926	5,608
Number of fillings (T)	806	939	741
Number of teeth filled (P)... ..	4,637	5,349	4,253
Number of teeth filled (T)	1,333	1,291	1,250
Number of teeth extracted (P)	714	893	715
Number of teeth extracted (T)... ..	1,461	2,026	1,329
Number of visits for Orthodontic treatment	459	519	316
Anæsthetics administered	440	389	—

(P) Permanent.

(T) Temporary.

I. J. CAMPBELL,

Senior School Dental Officer.

SPEECH THERAPY.

REPORT OF THE SPEECH THERAPIST.

I have the honour to report on the work of the Speech Therapy Clinics for 1964.

The number of sessions per week at the Public Health Offices, dealing mainly with school children, remained at eight, and two sessions at the General Hospital.

Although the number of patients treated is not very much higher than in 1963 (137 as compared with 129) the number of attendances is increased. There is, therefore, even greater need for co-operation between general practitioners, school teachers and speech therapist, as I feel there are still many patients needing treatment but who are not being referred.

PUBLIC HEALTH DEPARTMENT CLINIC.

	1964	1963
Number of patients treated	137	129
Number of attendances	1,045	786
Number of patients on review	41	20
Number of discharges	71	57

The following table gives the type of defect and age groups of the patients seen at the above Clinic.

TYPE OF DEFECT.	AGE GROUPS.					
	0 — 5		6 — 15		Total	
	M	F	M	F	M	F
Stammer	5	1	9	1	14	2
Cerebral palsy	1	—	1	—	2	—
Dysphasia	—	—	3	1	3	1
Cleft palate	1	—	1	1	2	1
Rhinophonia	—	—	2	1	2	1
Dyslalia (retarded speech development) ...	21	4	53	22	74	26
Dyslalia 1 (associated with deafness) ...	—	—	4	2	4	2
Dyslalia 2 (associated with mental defect)...	1	—	2	—	3	—
Total	29	5	75	28	104	33

An interesting factor in the above figures is the percentage of males (76%) compared with females (24%), not only in the earlier age groups, when it is a known fact for boys to be slower than girls in general development, but also in the 6-15 age group.

HOSPITAL CLINIC.

	1964	1963
Number of patients treated	31	14
Number of attendances	175	75
Number of patients on review	10	6
Number of discharges	15	3

The following table gives the type of defect and age groups of the patients seen at the above Clinic.

TYPE OF DEFECT.	AGE GROUPS.													
	0—15		16—24		25—34		35—44		45—54		55—65		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Stammer	—	—	2	3	2	—	1	—	1	—	—	—	6	3
Dyslalia	1	2	—	—	—	—	—	—	—	—	—	—	1	2
Cerebral palsy	—	—	—	—	—	2	—	—	—	—	—	—	—	2
Laryngectomy	—	—	—	—	—	—	—	—	—	—	2	—	2	—
Dysphonia	—	—	—	2	—	—	—	2	1	3	2	3	3	10
Dysarthria	—	—	—	1	—	1	—	—	—	—	—	—	—	2
Total	1	2	2	6	2	3	1	2	2	3	4	3	12	19

The number of patients with dysphonia (partial or complete loss of voice) seen at the above Clinic is very high and one wonders if this is due to local climatic conditions. From information received from other speech therapists on the mainland and from my own experience outside Jersey, the average number of dysphonics is very much lower than the figure in Jersey last year, which was 161 per million.

In conclusion, may I express my thanks to the principals and teaching staff of all the schools, for their help and co-operation at all times.

A. E. LOWRY,
Speech Therapist.

REPORT OF THE CHIEF SANITARY INSPECTOR—1964.

I have the honour to submit the Annual Report on the work of the Sanitary Inspectors' Department for the year ended 31st December, 1964.

This again has been a year of routine work in the general field of environmental hygiene. Staff limitation has precluded a concentrated effort on several aspects of our work vital to the health of the community. In this connection it is gratifying to record that the Establishment Committee agreed during the year to the appointment of an additional Sanitary Inspector. This appointment brings the Department's complement of Inspectors to something approaching the mainland standard, and will give us the necessary teeth to achieve something more positive in specialised subjects, notably food hygiene. The officer duly selected is Mr. R. Robbins and we welcome him into the Department. He is due to commence his duties on 1st March, 1965.

It is with deep regret that we record the death during the year of Mr. L. Hammond, former Chief Sanitary Inspector, who had been employed with the Department since 1923 until his retirement in December, 1960. It is worthy of repetition that he and his colleague in the early years of their appointment showed remarkable foresight and initiative which have assisted us in no small measure.

BUILDING CONTROL.

It seems hardly credible, but is nevertheless an indisputable fact, that building applications continued at an even higher level than that during the previous year. In 1964 a total of 2,628 applications were received at the Planning Office representing a considerable increase over 1963 when the total was 1,930. After initial vetting at officer level 1,695 applications were dealt with in the Sanitary Inspectors' Department (1,628 in 1963). These involved major and minor works, ranging from a single application involving 287 dwelling units down to relatively non-contentious applications. One interesting feature is that 1,075 dwelling units were approved during the year. If this rate is maintained and dwellings are actually built as approved one might be led to believe that supply should satisfy demand in the not too distant future.

The volume of building work is almost amazing even to those hardened to the increasing tempo over the past decade, and the complexity increases as the easier sites disappear. Demolition for re-development is one of the signs of the times, and the sooner this practice spreads from commercial into the decaying housing areas the better.

The Island Development Committee has been increasingly advised that the urbanisation of rural areas cannot safely be proceeded with in the absence of mains water and drainage, quite apart from the wastage of precious land inherent in development on wells and septic tank drainage.

Acknowledgement is due to the Island Development Committee for their regard to these problems, fraught as they are with many unpopular individual decisions. The direction of intensive development towards serviced areas, and the converse of projecting services to selected areas, for development is, however, beginning to shape.

HOUSING.

No further plight and condition surveys were undertaken during the year as considerable areas of the older parts of the town have now been surveyed. There is an undoubted need for large scale demolition of selected areas with subsequent re-development to conform to an over-all plan. It is to be hoped that we shall gradually see the replacement of worn out insanitary buildings by modern mixed development.

In the 1963 Annual Report mention was made of the action taken by the Public Health Committee in respect of those dwellings deemed to be unfit for habitation in the proposed Dumaresq Street re-development area.

An appeal was made during 1964 against the Closing Orders imposed by the Committee on one group of dwellings in the area, but the Royal Court hearing had not taken place by the end of the year. We await the Court's decision with interest.

Largely as a result of complaints received from the tenants the following individual properties which were considered unfit for human habitation were condemned and closed by order of the Public Health Committee.

NUMBER OF HOUSES CONDEMNED	POSITION	DATE OF REPORT	RESULT OF ACTION TAKEN
1	No. 2, Cottage rear of 10, Kensington Place, St. Helier.	27.1.64	Vacated
1	Cottage rear of 41, La Motte Street, St. Helier.	20.1.64	Vacated
1	2, Hampshire Gardens, Aquila Road, St. Helier.	3.2.64	Vacated
1	Cottage rear of 89, Don Road, St. Helier.	17.2.64	Vacated
1	12, Green Street, St. Helier.	6.4.64	Still occupied
1	Wayside Cottage, St. John.	13.7.64	Vacated
1	No. 3, cottage rear of 10, Kensington Place, St. Helier.	13.7.64	Vacated
1	Twyford Cottage, Le Couvent, St. Lawrence.	31.8.64	Vacated
1	3B, Old St. John's Road, St. Helier.	14.12.64	Vacated

IMPROVEMENTS TO DWELLING HOUSES.

1.	Number of existing dwellings provided with new sanitary fittings	152
2.	Number of existing dwellings provided with water carriage drainage	31
3.	Number of existing dwellings structurally re-conditioned	50
4.	Number of existing dwellings re-drained from septic tank and soakaway to sewer	81

WATER SUPPLY.

The routine sampling of water supplies has continued during the year showing a similar pattern to previous years.

As one might expect the mains water supply is limited to the more populous parts of the Island, and the outlying rural areas rely on local supplies. These latter take the form of wells, bores, springs, streams and rainwater and in very few cases is the water treated in any way. Most of these supplies are unreliable as regards consistent wholesomeness.

The position generally is not regarded as satisfactory and the remedy, of extending water mains throughout the Island, is obviously governed by economic considerations.

Samples taken for :—

	Satisfactory	Unsatisfactory	Total
Chemical analysis	119	79	198
Bacteriological examination	136	59	195

SOURCES SAMPLED.	No.	Satisfactory	Unsatisfactory	Improved	Condemned
Wells	145	88	57	5	—
Springs	5	3	2	—	—
Streams	4	—	4	—	—
Rainwater storage	13	4	9	—	—
Bore tubes	28	27	1	—	—
Treated supplies	5	5	—	—	—

Number of samples which contained excessive lead	4
Number of samples which contained excessive copper	17
Number of samples which contained excessive zinc	19

CLEAN FOOD.

As mentioned in the preamble to this report a more positive approach to the handling, sale, storage and preparation of food will be possible in the future. It is anticipated that the Department will interest itself not only in the structural aspects of food premises but also in the education of food handlers. There is much work to be done in this field and a full effect will only be achieved when all food handlers, including the house-wife, are fully appreciative of the dangers inherent in unsatisfactory methods.

During the year the following inspections were carried out :—

1. Food preparation premises	... ..	481
2. Licensed premises	... ..	59
3. Mobile vans	... ..	10

PRODUCTION OF CLEAN MILK.

PHOSPHATASE TEST. (Efficiency of Pasteurisation).

One hundred and sixty samples of milk were taken at all stages from dairy to consumer. One sample only failed the test and after investigation follow-up samples were taken and were satisfactory. These results together with the analysis figures show that the milk as supplied to the public continues to be safe and of good quality.

The centralisation of the milk processing, and the distribution side of milk production at the Milk Marketing Board's new premises now being constructed at Five Oaks, should continue to maintain the high standard already achieved and will simplify the means of hygienic processing and control.

FOOD AND DRUGS SAMPLES.

Nature of sample	No. of samples taken	Genuine	Remarks
Milk	166	162	Four samples were below standard and investigations were carried out. Follow-up samples were satisfactory.
Cream	16	16	
Flavouring syrup	3	3	
Mineral water	2	2	
Tomato juice... ..	1	1	
Preserved vegetables	4	4	
Ice cream	1	1	
Butter	4	4	
Soup	1	1	
Jelly... ..	4	4	
Cheese	1	1	
Preserved fruit	14	11	
Cooked meat	1	1	Three samples were unsatisfactory and following investigation the consignment was condemned.
Fish... ..	2	2	
Meat (Frozen)	1	1	

During the Aberdeen outbreak of typhoid fever in June it was decided to locate and identify the stocks of corned beef already in the Island.

The Ministry of Health provided us with information relating to suspect cans.

Notices were put in the Evening Post requesting people with cans in stock to notify us immediately and as a result of this and other investigations 184 sources were visited and 4,533 cans inspected, none of which fortunately was found to be suspect.

RADIATION HAZARD TEST.

Twenty-eight pints of milk were examined for Strontium 90 content and the figures were below danger level.

UNSOUND FOODS.

During the year 165 visits were made to wholesale warehouses, shops, etc. concerning unsound food. The appropriate certificates were issued in respect of the following foods judged to be unfit for human consumption :-

648 lbs. miscellaneous foods.
1,932 lbs. fruit and vegetables.
623 lbs. fish. 40 lbs. cheese.
2,999 lbs. meat and meat products.

SEWERING AND DRAINAGE.

The question of sewerage priorities was again under consideration during the year. These seem to fall readily under two main heads : 1. From the Island Development Committee point of view, the need for sewerage proposed village development, and 2. from the public health point of view, the need for sewerage existing areas where nuisances already exist. The Public Health Committee reiterated a request originally made in 1951 that sewerage of existing developed areas as far as Gorey was of vital necessity. At the same time it is obviously in the public health interest that new village development of any marked density should be provided with sewerage facilities. The Sewerage Board programme incorporating the requests of both the Island Development Committee and the Public Health Committee is due for consideration in the States during 1965.

Route de Tabor, from Tabor Chapel to Red Houses, was sewerage by the Sewerage Board following Public Health Committee request. 48 properties were connected, representing over 85% of those involved. This high, and largely voluntary, initial connection rate was both gratifying and indicative of the need, with the ancillary effect of reducing the need for subsequent "holes in the road".

Work commenced during the year on new sewers between Bel Royal and Beaumont, north of Route de la Haule. This is another of the areas where the Public Health Committee has for some time recommended that sewers should be provided. It is hoped that about 70 dwellings will be able to take advantage of these new sewers when the work is completed.

The fears expressed in last year's report that a drainage nuisance might be anticipated at Rozel unfortunately materialized during the "season".

Exhaustive colour testing of the sewage disposal plants serving properties in the immediate vicinity of the beach failed to demonstrate any particular property as the culprit. It would appear that a build-up of sewage effluent from various disposal plants over the years finally resulted in a break-through on to the beach giving rise to a considerable nuisance. Through the good offices of the States' Engineer certain beach works were undertaken as a temporary expedient in an attempt to minimise the nuisance. This was effective for a time but tidal action was our undoing and the nuisance was again apparent before the end of the season.

During the winter months the nuisance ceased, indicating a definite connection between this problem and the numbers of visitors accommodated in the area during the summer.

This trouble must be contained if Rozel is to maintain its appeal and further examination of the cause will continue. In the ultimate there is little doubt that sewerage must be the answer.

Portelet suffered a much smaller nuisance when a drainage effluent appeared on the lower steps leading to the beach during mid-summer. The topography of the area and other factors contributed towards making this an unusually frustrating nut to crack. The trouble was finally traced to an area five hundred feet away from the point of nuisance, and temporary repairs to fractured drain-pipes were followed by extensive replacements at the end of the season.

The nuisance recorded in last year's report from the brook/sewer outfall at Gorey has been satisfactorily overcome.

DISINFECTIONS AND DISINFESTATIONS.

Number of rooms disinfected for infectious disease...	87
Number of bundles of bedding and clothing disinfected	258
Number of mattresses disinfected...	189
Number of rooms disinfested	459
Number of books disinfected...	170
Drain tests...	1,288

These figures all show a considerable increase over those of the previous year, particularly so in the number of drain tests applied. This again emphasizes the increase in volume of building work over the previous year.

PEST DESTRUCTION.

New Inspections	241
Re-Inspections and Re-Visits...	2,094
Spraying for cockroaches, flies, etc.	58

Two vessels with expired De-Ratting Exemption Certificates were examined, found free of evidence of rats and issued with new Exemption Certificates in accordance with Article 12 of the International Sanitary Regulations.

The happy working understanding existing among the staff has undoubtedly contributed to a successful year in the Department. Our thanks are again due to Dr. Williams and to the Public Health Committee for their unfailing support.

R. F. KNOWLES,

Chief Sanitary Inspector.

CARE OF THE AGED AND INFIRM.

REPORT OF THE SOCIAL WELFARE OFFICER.

The proportion of elderly persons in the community has been increasing steadily over the past years and even in 1961, according to the census held in that year, 16% of the population (1 in every 6 persons) was over retirement age.

In Jersey a great deal is done for old people by voluntary service and much of the geriatric welfare work, which in the United Kingdom comes under local authorities, is, in Jersey, undertaken by voluntary associations.

The main effort of most of the geriatric welfare services is aimed at helping old people to remain and live a normal life in their own homes, and my efforts have been directed to this end. If the physical condition of the home is not suitable, or if the old persons themselves are not able to get about and manage for themselves, they are boarded out in private residential homes.

THE BOARDING-OUT SCHEME.

The Boarding-out Scheme has been operating successfully in Jersey for the last 9 years and 17 homes were involved in 1964. It is with pleasure that I report that the boarding-out accommodation was doubled during 1964, and this despite the closure in the autumn of two homes which involved the re-housing of 23 people.

The ever increasing high standard of comfort and decoration of the homes reflects great credit on the persons who run these homes. Gone are the days of worn linoleum and poor law surroundings; in their place we have bright, cheerful homes with fitted carpets, easy chairs for all patients, modern furniture, wall heaters and, in some, hot and cold basins in bedrooms. T.V. sets have been installed in lounges and many of the old persons have radio sets in their bedrooms. One home has recently made an optimistic purchase of very gay sun umbrellas and lightweight garden chairs to match, giving the appearance of a first-class hotel.

Food is of very good quality and of ample supply. In most cases vegetables are home grown and many make their own jam. One lady runs a little tuck shop where the residents may buy sweets, chocolates and cigarettes.

In one home we have experimented with four double rooms for aged married couples and we find they settle in their new surroundings very quickly. If they wish they may have their meals in their room. This service performs a double purpose as when one partner passes on the other is still in familiar surroundings and has the companionship of the residents.

From July, 1964, payment for the boarded out people was increased from £4. 10. 0. to £5. 10. 0. to meet the increased cost of living. This has resulted in a happier relationship between the homes and the Public Health Committee. It should be recorded that most of this increase has gone to improve the comfort and living conditions of the residents, which again reflects great credit on the persons running the homes.

Reluctance to walking was noted among many old people and it was decided to enlist the help of a chiropodist. He now visits homes on request and is paid by this office on a "per session" basis. We hope over the years to enlarge the scope of the chiropody service.

The numbers of persons boarded out with the Public Health Committee in 1964 were as follows :—

	Male	Female	Total
Number of persons boarded out 1.1.64	13	25	38
Number of persons added during the year	6	26	32
Number of persons removed or died during the year... ..	5	11	16
Number of persons boarded out 31.12.64	14	40	54

DOMESTIC HELP. (Administered by the Home Helps Society).

This service is intended to help households in time of domestic difficulties and the duties of the home helps includes cleaning, shopping, cooking and the general household care of the family.

This service is run by a voluntary organisation which obtains a small subsidy from the States. It now employs 25 home helps who work in 62 homes throughout the Island, the total number of hours worked being 18,000 during the year.

MEALS ON WHEELS. (Administered by the Meals on Wheels Service).

This service delivers hot meals to the houses of old people on two occasions each week. A charge of 1/- is made for each meal, the balance of the cost being met out of Parish funds. The Meals on Wheels service has been in operation in Jersey for about 3 years and has expanded so rapidly that over 4,800 hot meals were supplied during 1964. The service extends to every parish in the Island except St. Ouen and St. Lawrence.

Provision of these meals does much to combat malnutrition and by the regular visits which are paid to the homes of old people this service also augments home visiting in that a closer eye is kept on the conditions of living of the old people and any adverse conditions can be reported to the appropriate quarters.

I would like to express my very grateful thanks to the ladies who organise and operate both these services for the help they have so willingly given me throughout the year. I also wish to express my grateful thanks to the Constables of the Parishes who have given me every assistance when requested.

M. GRAY,

Social Welfare Officer.

CREMATORIUM.

REPORT OF THE CREMATORIUM SUPERINTENDENT.

(1) *Cremations.*

The total number of cremations carried out was 173, a decrease of 2 on last year.

Of these 34 were Jersey born, 5 visitors, 1 child and 133 who had resided in Jersey for several years.

(2) *Disposition of the Ashes.*

Scattered in the Garden of Remembrance.... 104

Taken away by representative for burial in family graves, or scattered in other parts
of the Island or at sea 55

Taken away by representative for burial on the mainland 14

(3) *Book of Remembrance.*

Entries in Book of Remembrance for 1964 88

THE CREMATOR.

The inspection of the Cremator has been carried out by H. Chard, representative of Dowson & Mason Ltd., who declared everything in order and well maintained.

THE GROUNDS.

Owing to the appalling winter of 1962-63 many plants and bushes were destroyed, but I am pleased to say that these have been replaced, and must say how attractive the grounds are looking.

MEMORIAL SERVICES.

Two services were held during the year. The first on Easter Sunday was conducted by Rev. M. B. S. Godfrey of St. Mark's Church. A total of 115 people attended. The second was held on 20th December, the Sunday before Christmas, and was conducted by Rev. F. A. Turner, Rector of St. Lawrence Parish Church. On this occasion the attendance was 125.

The organ on both occasions was played by Mr. Gordon Le Breton, Constable of St. Saviour, who has offered his services for these occasions.

Finally, I should like to point out that although the number of cremations for 1964 was down by 2 on 1963, the number of deaths was much lower, and the percentage cremated was up by 2 per cent.

The following table shows that cremation is steadily on the increase.

Year	No. of Cremations	Percentage of Total Deaths
1961	11	1.3
1962	143	20.0
1963	175	20.6
1964	173	22.8

T. C. HAMON,
Superintendent.

AMBULANCE SERVICE.

The report for the year 1964, with the comparative figures for 1963, is as follows :—

	1963	1964
Patients conveyed	8,468	8,733
Mileage	54,953	56,998
Journeys	9,494	9,438

CLASSIFICATION OF CASES.

General	3,173	3,150
X-ray	375	337
Accident	1,013	1,044
Maternity	107	119
Special Treatment	3,421	3,684
Fever	30	38
Mortuary	132	110
Air	189	234
Sea	28	17

CLASSIFICATION OF ACCIDENTS.

Involving motor cycles and motor scooters	85	83
Involving cars	263	186
In the home or at work	152	150
In the street or on the beaches	100	153
Collapses	255	283
Minor injury	127	145
Pedal cycles	31	44

August was the month with the highest number of accident patients treated (174) compared with 142 in August, 1963.

	1963	1964
Night calls (between 10 p.m.—7 a.m.)	461	494
Emergency calls	490	601
Conveyance of visitors	216	231

In addition to the above figures, 1,480 journeys were made by members of the Voluntary Hospital Car Service in transporting patients to hospital and returning them home after treatment—an increase of 583 over the previous year.

Transport was arranged with Ambulance Services in England on 17 occasions as compared with 16 in 1963.

36 escorts were provided from the St. John Ambulance Brigade (Male and Nursing Divisions) 6 more than the previous year.

	1963	1964
Petrol consumed	3,044 galls.	3,021 galls.
Oil consumed	28 galls.	34 galls.

H. R. S. POCOCK,
County Commissioner,
St. John Ambulance Brigade.
E. BURBIDGE,
Transport and Liaison Officer.

